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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Entomology Pins versus Metallic and Other Sutures.

By JOHN SWINBURNE, M. D.,
Of Albany, N. Y.

This heading will sufficiently explain the intention of this paper. I shall, therefore, make no apology for presenting my humble experience in the use of the *pin* as a universal substitute for all other forms of suture when applied to the external surface of the body, not even excepting the metallic thread. These also produce no irritation of the tissues, and consequently do not interfere with the process of union, though introduced at intervals no greater than a quarter of an inch.

The introduction of small entomology pins is attended with but little pain in comparison with that produced by the passage of a needle and thread. The points are so carefully prepared, and the instrument so perfect, that patients declare the pain to be much less than that accompanying the drawing through of the thread even after the needle has perforated the skin.

By the use of these pins, the edges of a wound can be approximated in the nicest possible manner by means of the thread as used in ordinary hare-lip operations, so that union by the first intention is more sure to follow than in any case of simple, interrupted, or even quilled sutures. This pin, from its slenderness and pliancy, will bend and accommodate itself to the parts, thus doing away with the chief objection to the use of the stiff, common pin. In localities where the skin is very strong and thick, as in the palms of the hands, soles of the feet, etc., the pin need only pierce through the scarf skin.

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It can be removed at an early period, even as soon as twenty-four hours after the operation, or, on the contrary, like the silver wire, it may be allowed to remain in the tissue for many days without corroding.

The thread with which the pins are encircled, when saturated with blood and dried into a scab-like crust, is very often sufficient of itself to hold the parts in apposition, even after the pins are withdrawn, until perfect union is effected.

The pins which I am in the habit of using are sold by C. F. and A. Henrichs, No. 150 Broadway, New York. They vary in sizes, as 3-16, 4-16, 7-16, 7-18, and 8-18, and are suitable for any dressing from hare-lip to the thinnest mucous membranes. The sizes marked 7-18 and 8-18 are excellently adapted to hare-lip, while 3-16, 4-16, and 7-16 are more suitable for the skin.

It is proper to say a word of caution in relation to the introduction of these pins, for, as they vary in length from $1\frac{1}{2}$ to $1\frac{3}{4}$ inches, and are uniform in size and very slender, they cannot be used as the common stiff pin; for, if held at any great distance from the point, they will inevitably bend and double together. Therefore it must be grasped near the point by a strong pair of forceps, and thrust through the skin of one side, and thence through the opposite one, the forceps being moved along as may be necessary, care being taken to keep that portion of the pin between the forceps and the flesh so short as to prevent its bending. The operation is materially facilitated by the use of a second pair of forceps armed with teeth, i. e. an artery forceps, with which to pick up and hold the skin steady during the passage of the pin. When they are all introduced, the thread is adjusted until perfect apposition is effected, and then the points may be snipped off with a pair of scissors.

The advantages of this dressing are particularly manifest when applied to the face and

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head, obviating the necessity of adhesive plaster and similar appliances, and obtaining the most perfect approximation without special fear of erysipelas, unseemly cicatrices, or, in scalp-wounds, the sacrifice of hair.

Let any one having doubts on this subject inquire how often the operation for hare-lip fails where the pin suture is used, and he will find that few cases are unsuccessful. Why not then apply the same method to cuts and wounds about the head, face, and body?

In cases where the wound presents ragged, bruised, or uneven edges, it is only necessary to pare them with a sharp knife or scissors, and carefully adjust them with the pins and threads, when the success will be as perfect as if the wound had been originally a clean incision. For my own part, I am in the habit of using this dressing for every operation where it is important or desirable to obtain union by first intention, such as amputations of limbs, tumors, etc.; in fact, wherever the thread suture is applicable, the pin is equally so; in fact, in consequence of its non-irritating character, I am in the habit of applying it where I should deem it imprudent to insert a thread.

I feel that I shall not be considered extravagant in thus dilating upon the superiority of this form of metallic suture over any other. I have used the silver wire a long time, and believe that the encomia passed upon it are deserved; but that it is, on the whole, unequal in value to, and not so worthy of employment, as the pin, will be evident from a tabular comparison:—

SILVER WIRE.

1. Expensive and difficult to obtain.
2. Pain and difficulty in introducing.
3. Danger of tearing soft and tender skin in the process of twisting.
4. The interstices between the sutures have to be supplied by adhesive plaster, etc.

PIN SUTURE.

1. Cheap: 75 cents per thousand.
2. Less painful and easily introduced.
3. The most delicate skin is in no danger of being lacerated.
4. The edges of the wound are completely covered by the thread through its whole extent.

A fine article of forceps for holding the pins is furnished by James Martin, of this city. That portion which holds the pin is only about three-quarters of an inch in length, and is, moreover, furnished with cutting edges near the

joint (not unlike the bullet-molds of revolutionary notoriety) for the purpose of clipping off the ends of the pins.

So convinced am I of the advantage of the pin thus used, that a pair of pin-forceps, several sizes of pins, some thread and some silk plaster, constitute the only appliances in my pocket case as substitutes for needles, thread, and adhesive plaster. After one year's constant experience with the pins, I should be loth to resume the use of the old suture.

Singular Appearance of a Corpse after death from Hanging.

By C. H. SMITH, M. D.,
Of Pottsville, Pa.

The following case of strangulation, or death from hanging, presents so many variations from the general appearance of bodies after death in that form, that I have concluded, if you should deem it sufficiently interesting, to offer it to the medical public.

I was called, on the 27th October, to make a post mortem examination, before a coroner's jury, on the body of Perthenia Woodin, wife of David Woodin. I was assisted by Dr. Glidden and Dr. Evans.

The deceased was missing at about 4 o'clock on the afternoon of the 25th. Search was instituted, and the body found about half-past six o'clock the next morning, in one of the unfrequented rooms of the house, suspended by a cord about three-eighths of an inch in diameter, which was let down through the stove pipe thimble. Her feet rested on the floor, and knees partially bent.

We found the body lying on a bed where it had been placed the previous morning.

The countenance presented a calm and natural appearance; eyes nearly closed; mouth closed; no swelling of the tongue. The turgid appearance of the face and injected conjunctiva were wanting. The cord had sunk deep into the tissues of the neck, between the os hyoides and thyroid cartilage. The knot, which was of the slipping noose form, was under the occiput. The mark on the skin, under the cord, was of a brown, parchment color. After cutting through this it next presented a dry, white, silvery appearance, with no ecchymosis under the cord. A small quantity of froth had issued from her mouth. There was no dislocation of the vertebra. Lungs were somewhat distended. The

arms were tied within about 16 inches of each other by a cord drawn quite tight around the arms midway between the elbow and wrist. Hands were open. A slight extravasation of blood was found an inch below the cord on the neck. No marks of violence were discovered; neither were there evidences of poisoning.

The urine and feces had not been voided. The brain was not examined.

The woman was quite small, weighing about 100 lbs.; spare neck; aged about fifty-two years; of a nervous temperament; with but little blood.

Had probably been dead about forty hours when we first saw the body.

After having found the above-described appearance, the question of suicide or homicide arose in our minds; or, in other words, was this woman hung before or after death?

The evidence of Drs. Glidden, Evans, and myself was, that we found no other cause sufficient to produce death, but by hanging.

Death by Hanging and Strangulation.

By C. F. J. LEHLBACH, M. D.

Referring to the account of a case of death by hanging, in the preceding article, we take this opportunity of making few remarks on some of the medico-legal points of death by hanging.

The entirely negative appearances after death, in this case, seem to have struck the gentlemen who conducted the post-mortem examination. Those who expect, following the current ideas as laid down in our standard treatises and text-books, to find, as a general rule, in cases of death by hanging, well-marked, striking, and peculiar evidences of such death, will, as a general rule, be mistaken.

We had occasion, about two years ago, to make a post-mortem examination, by request of the Coroner, in conjunction with another medical gentleman, of a woman who had committed suicide by hanging, in a manner almost precisely similar to that reported by Dr. Smith. The examination was made within three hours after death, and thus an excellent opportunity offered to see the recent appearances. With the exception of the impression of the cord, and a corresponding discoloration of the skin around the neck, no appearances, either in the thoracic cavity or in the brain, would have led any one to suppose violent death. The face was rather

pale; there was no injection of the conjunctiva, and the vessels of the brain were almost normal, regarding the quantity of blood found in them. The lungs were but slightly, if at all, congested, and the amount of frothy mucus in the trachea and bronchi was trifling.

It is, however, to the distinction of homicidal strangulation and suicidal hanging that we wish to allude more particularly. To distinguish between them is often a matter of grave importance, and though in both instances death takes place by stoppage of the respiration, yet the peculiarities in which that respiration is brought about, lead to very decided differences and peculiarities in the cadaver.

Unfortunately these terms—strangulation and hanging—have been much confounded. It is only recently that the subject has been set in its proper light, and we are indebted to TARDIEU,* the eminent medical jurist of France, for a clear exposition thereof.

Referring to Prof. Dunglison's dictionary, we find—"STRANGULATION. In legal medicine, it means the forcible obstruction of the air passages, by a ligature or by the hand, for criminal purposes. See Suffocation."

And "SUFFOCATION, etc. Death, or suspended animation from impeded respiration, whether caused by the *inhalation of noxious gases, drowning, hanging, strangling, or smothering*. The principal morbid appearances in such cases are: the lungs of a deep-blue color, with the blood extravasated in the air cells; right auricle and ventricle filled with dark blood, as well as the neighboring veins; lividity of the countenance, turgescence, and perhaps rupture of the vessels of the brain."

From what has just been quoted, it might be inferred that the appearances, thus mentioned, are generally found to be present in the various forms of suffocation, such as hanging and strangulation. Yet this is not by any means the fact. In the case related by Dr. SMITH, the countenance was pale instead of livid; so it was in our own case, above alluded to. There was in the latter, also, no marked turgescence of the cerebral vessels, and the lungs appeared almost natural. In Vol. III., p. 405, of the REPORTER, in a medico-legal review of the case of Patrick Maude, the post-mortem examination of Maude, five hours after his execution, is given, opening with the following words: "The face was pale, not echymosed nor congested."

* Étude Medico-Légale, sur la Strangulation, par le Dr. Ambrôse Tardieu, Professor agrégé, etc. Paris, 1859.

We might continue similar observations to show that the commonly received doctrines of the characteristic appearances after death by suffocation do not apply to hanging, and that in a medico-legal point of view, it is faulty to classify hanging, drowning, strangulation, etc., as mere variations of suffocation, and as presenting peculiar, characteristic appearances in common; and we are the more strenuous in advocating these views, when we can call to our aid authority so high and reliable as Dr. Tardieu.

Indeed, from the physiological manner in which life, in each of these forms of death, is rendered extinct, we should, *a priori*, expect different appearances after death.

The first point to be taken in consideration in death from stoppage of the respiration, is the fact now established by the investigations of Professor Dalton, of New York, that death, under these circumstances, takes place from paralysis of the heart, in consequence of over-distension of its muscular fibres, and that, contrary to the generally accepted theory, *even when the respiration ceases*, the pulmonary circulation is continued, *as before*. Blood passes from the pulmonary capillaries into the pulmonary veins as before, and thence through the left auricle into the ventricle, to be distributed over the body. But this blood is unaërated, and on this account rendered unfit to circulate in the capillaries of the tissues, stagnates. The pulmonary circulation still continuing, and the heart still contracting and sending venous blood into the arteries, the stagnation in the systemic capillaries produces a backward pressure, first upon the arteries, next upon the aorta, next upon the left ventricle, etc., until at last the cardiac muscular fibres reach a degree of distension which results in paralysis. Thus death actually begins first in the capillaries of the body, where the blood stagnates, and **not** in the pulmonary capillaries, as has been generally supposed, and as is taught in the text-books.

These facts at once show us why congestion of the venous system, which, according to the prevailing theory, should be universally found in all species of suffocation, is so generally not found, and why, instead of lividity of countenance, turgidity of the cerebral vessels, engorgement of the lungs and fullness of the large venous trunks, we find the latter comparatively empty, the lungs often natural, the brain free from turgidity, and the face pale.

It is curious that physiologists and surgeons should not have found out the error of the pre-

vailing theory of the arrest of the pulmonary circulation, as one of the immediate effects of stoppage of the respiration, until Prof. Dalton called attention to it. In cases of tracheotomy, when performed *in extremis*, with great dyspnoea, it is known to surgeons that the blood, *jetting per saltum* from any divided small arteries, is black, like that from the veins; and any one may readily make the experiment of suspending the respiration in a dog, the heart continuing to act for a little while, when, very shortly after suspension of respiration, on dividing the femoral artery, the blood jetting from it will be found as black as that in the veins. How did the black, venous blood get there? There is but one possible route—through the aorta from the left ventricle, from the left auricle, from the pulmonary veins from the pulmonary capillaries.

Again, why the throbbing, the distension of the carotid arteries in partial or complete suspension of the respiration? Does this indicate a smaller or a larger amount of pressure in the arteries, and a larger or smaller amount of blood in the arterial system, from the left side of the heart upward and downward toward the periphery? Certainly a greater pressure and a larger amount of blood. But how are these facts to be reconciled with the old theory of arrest of pulmonary circulation, and stoppage, of course, of the flow of blood from the pulmonary veins to the left auricle, ventricle, and the arteries?

Want of oxygen, immersion under water, mechanical obstruction, or constriction of the air passages—in short, stoppage of the respiration having been considered, until of late, to lead at once to an arrest of the pulmonary circulation, the following was the *theoretical* order of phenomena:

The heart, still impelling the blood into the lungs, but capillary circulation there being interrupted, we were to have engorgement of the lungs. This was error number one.

The heart continuing to act, but unable to send the venous blood through the lungs, on account of the hypothetical interruption of the pulmonary circulation, we were to have, as a matter of course, distension of the right side of the heart, and a corresponding engorgement of the large venous trunks, followed by an adequate turgidity of the veins throughout the body, especially of the brain, leading even to rupture. This was error number two.

Third in the series of hypothetical phenomena, the return of blood from the lungs to

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monary effects of Dalton's operation, response, etc., jetting series, is any one pending during to after sub-femoral sound as black, the left pulmo- nes.

sion or etc. sus- indicate in the amount of left side toward the and a these eory of ppage, pulmo- and the er, me- ration read at lation, f phe-

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the heart being arrested, we were to have the left side of the heart comparatively empty. This was error number three.

What we have said thus far will sufficiently show that, in regard to death from stoppage of the respiration, we must disabuse ourselves, firstly, from the old idea of venous engorgement about the thorax, neck, and head, as the immediate result of arrested respiration, and thus we are prepared to pass on to a consideration of the characteristics of death by the various modes in which the respiration may be arrested.

A not unfrequent form of violent death in infants is pressure during sleep when overlain in bed by adults. Three or four such cases have fallen under our notice. The pressure in these cases is generally upon the chest and upper part of the abdomen, interfering with the action of the diaphragm, or upon the mouth and nostrils by pillows, etc. In only one of these cases did the countenance present any approach to lividity, while in the rest it was pale; nor was there any injection of the conjunctiva. The appearances in two of these cases, in which autopsies were made, presented nothing very striking.

In one case of an infant, some nine months old, which was suffocated while the mother walked with it in the street, too tightly wrapped up in a shawl, and where the autopsy was made not many hours after death, nothing remarkable could be found in the way of vascular engorgement, ecchymoses, venous congestion. The only thing apparently abnormal was an unusually large *thyroid body*, extending far down into the chest almost to a level with the apex of the heart.

Again, in cases of *atelectasis pulmonum*, where death, too, takes place essentially from stoppage of the respiration, there is generally not much lividity of countenance or cerebral turpitude.

For the practical purposes of the medical jurist, death from stoppage of the respiration may be divided into *accidental*, *homicidal*, and *suicidal*.

Accidental death from stoppage of the respiration is most frequently produced by drowning, noxious gases, and in infants during sleep. The concomitant circumstances always aid more or less in the formation of an opinion in such cases; and the physician is justified not only, but it must be considered his duty, in medico-legal inquiries, to view all the circum-

stances and pay attention to all the surroundings of a case.

Homicidal death by stoppage of the respiration may be caused directly or indirectly: indirectly by throwing the victim into water, etc.—directly by strangulation.

What is strangulation? By the definition quoted from Dunglison, we have shown that this author considers suffocation as a generic synonym for hanging, strangulation, drowning, etc.

That these terms have really been considered synonyms, is evident from the general appearances which are given by Dr. Dunglison as characteristic, and yet which experience has shown to be neither general nor characteristic of all.

"Strangulation, medico-legally considered," says Tardieu, "is an act of violence, which consists in a direct constriction around or in the front of the neck, and having for its object, in preventing the passage of air, to suspend quickly and forcibly respiration and life."

It is distinguished from hanging that, in the latter, it is the weight of the body, or a part of its weight, which exercises sufficient traction upon a cord, ribbon, etc., around the neck, to interrupt the entrance of air and the course of the blood. The former is generally the result of homicide; the latter, of suicide.

Now, how is strangulation to be distinguished from hanging? It is, perhaps, best to annex the characteristic post-mortem appearances of both in a schedule:—

STRANGULATION.

The countenance generally tumeſed, violet, and marbled. (Only exceptionally pale when the victim has been very enfeebled—the attack violent and not much resistance, as in children.)

Tongue ordinarily prominent, fixed between the teeth or behind the dental arches.

In the *nares*, not unfrequently sputinous blood is found accumulated.

*The most constant sign is the formation of very numerous and small ecchymoses on the face, the conjunctiva, and the

HANGING.

Countenance generally natural, or rather pale, and no tumefaction.

Tongue not often protruding.

Very rarely sputinous blood in the *nares*.

Generally no punctuated redness on the face, conjunctiva, and chest.

STRANGULATION.

chest. All these parts present a punctated redness, giving them a sufficiently, not, however, absolutely, characteristic aspect. (Tardieu.)

Traces of the constricting cause upon the skin of the neck.

1. Of the hand, fingers, or finger nails.

2. If the person has been strangled by a cord, the impression left is generally feeble, does not form a perfect circle around the neck, does not present the *parchment* appearance, as in cases of hanging.

Fractures of the thyroid and cricoid cartilages, and dislocation of os hyoides; but very rare.

Internal aspect of the larynx and trachea often congested, of a uniform redness, sometimes violet—more or less froth almost always present, very fine, and sometimes extending into the bronchi; generally bloody.

Lungs very variable; more or less congested, of a rose color, (Tardieu;) sometimes strongly congested — sometimes normal as regards the amount of blood. But, besides these general appearances, there are other and more characteristic lesions in the lungs.

Rupture of the more superficial air-vesicles, whence more or less extensive emphysema. "These ruptures of the air-vesicles are almost never absent; they are multiple—sometimes iso-

HANGING.

In *hanging*, the impression of the cord is most generally well marked. The skin is hard, presents an appearance like parchment, and the circle around the neck is complete or nearly so.

Rarely, as in strangulation.

No considerable congestion and redness of larynx and trachea;—froth not very generally present; rarely bloody.

Nothing constant; natural in appearance as often as not.

Rupture of the air-vesicles scarcely ever present.

STRANGULATION.

lated—oftener united in groups — giving a very remarkable appearance to the lungs; it seems as if their surface was sown over with pseudo membranous flakes (white) of variable dimensions; but, on closer inspection, they are found to be little air-bladders, which disappear on puncture." (Tardieu.)

In simple strangulation, no subpleural punctated ecchymoses disseminated on the surface of the lung, as in death from *suffocation*, are found; but something analogous, in the form of

Apoplectic spots in the depth of the pulmonary tissue and sanguineous extravasation or infiltration, the size of which vary from a ten-cent piece to that of a five-franc piece — always larger and more extended than in suffocation.

The vesicular ruptures constitute the constant and truly characteristic lesion of strangulation. (Tardieu.)

Nothing essential in the heart; sometimes absolutely empty; generally, however, contains some black blood, and most always fluid.

Brain nothing constant; exempt from any alteration quite as often as congested. (Tardieu.)

In our next we shall continue the subject, and endeavor to explain some of the differences observed in the appearances after death by hanging, suffocation, and strangulation, and see how they accord with the physiological effects of the stoppage of respiration as established by modern physiology.

HANGING.

Negative.

Sometimes present.— Apoplectic spots, as in suffocation, smaller.

Nothing essential in the heart.

Generally congested.— (Tardieu.)

Illustrations of Hospital Practice.

PHILADELPHIA HOSPITAL.

MEDICAL WARDS.

Service of Dr. Ludlow.

THREE CASES OF PARALYSIS—PARAPLEGIA.

The first patient, a middle-aged man, blacksmith by occupation, has been sick nineteen weeks, being suddenly attacked, while walking in the street, with paraplegia. Three years ago he had intermittent fever; and at one time had received an injury to his head, which, however, did not make him insensible. He had considerable pain in the back along the spine, which was aggravated when he drank liquor, and has now resulted in constant soreness, especially in the lumbar region. His general health is good. He has slight motion in his lower extremities, but cannot walk with his eyes shut, showing that the paralysis of sensation is complete, there being no reflex impressions conveyed by the sentient peripheral nerves to the motor ganglia.

Treatment.—Dry cups and stimulant liniments along the spine. Internally, he is using strychnia in small doses—gr. 1-30 to 1-20, to be continued until the remedy produces slight twitchings in the muscles of the leg.

PARAPLEGIA FROM MASTURBATION.

The patient is a young man, 22 years of age, who has been in the hospital one year. There is no tenderness whatever in the lumbar vertebrae, nor along the spine. The patient has a dull pain in the head, headache, and suffers from great nervous debility, palpitation of the heart, indigestion, and involuntary seminal emission, brought about by self-abuse. The patient has been guilty of the vice for some years, and there is no doubt that masturbation in this instance lies at the bottom of all his difficulties.

The treatment is to consist of cold baths, cold injections, camphor, lupulin, iron, capsicum, quinia, and friction.

All masturbators are not affected in the same way. Some become insane, others paraplegic, some apoplectic, and others epileptic.

HEMIPLEGIA—FROM PRESSURE.

This patient, a negro boy, was first attacked in April last with numbness in the hand and arm on one side, then extending to the leg and foot on the same side, and gradually resulting in decided hemiplegia, so that he can scarcely walk. On examination, a swelling is found in the back of his neck, and, undoubtedly, by causing pressure upon the spinal cord, giving rise to the paralytic condition.

It is impossible to say what the exact nature of this tumor is, but as there is undoubtedly some kind of morbid deposit, the remedial means must be directed to cause its absorption, and for this iodine has been used. As the patient appears to be of a somewhat scrofulous tendency, the usual constitutional treatment in such cases has also been resorted to.

EPILEPTIC WARDS.

Under Charge of Dr. S. W. Butler.

TWO CASES OF EPILEPTIFORM CONVULSIONS, WITH PARAPLEGIA.

Among the patients at present in the epileptic wards of the Philadelphia Hospital are two cases of epileptiform convulsions, presenting features of considerable interest.

The first patient is L. R., a young woman, unmarried, 24 years of age, whose history has been previously given in Vol. IV., p. 354 of the REPORTER, and the main points of which are as follows:

When a child, she had a severe attack of scarlet fever, did not walk until she was four years of age; has no recollection of ever having had rheumatism.

She was quite well until about 11 years of age, when she was attacked with chorea. She got well of this after a short time.

About four years ago, at the age of 20, her present trouble commenced. She was taken with palpitations of the heart, since which time she has been constantly subject to very severe paroxysms of angina pectoris. These paroxysms occur with more or less severity three or four times a day. They recur more frequently at night, causing her to awake suddenly, when she experiences first a difficulty of breathing, soon followed by intense pain, which lasts for several minutes, then gradually subsides, allowing her to fall asleep again.

She bleeds quite frequently and freely from the nose and mouth; sometimes from the eyes, in the shape of bloody tears, and occasionally from the ears, as often as once a month, but in no way influenced by the catamenial period.

Her menstruation has been irregular ever since the commencement of her trouble, four years ago. Some time ago she was, for a few weeks, in a house of ill fame; has had one child, and contracted a gonorrhœa, which she had in a mild form.

She has fits of an epileptoid nature occasionally; but never loses her consciousness while having them, though foaming at the mouth.

On physical examination, the lungs are found healthy. The two sounds of the heart are heard distinctly, the organ seeming to act with some violence; there is a slight, not very distinct, blowing murmur, accompanying the first sound of the heart. The apex of the heart strikes lower down than it should—near the

upper margin of the seventh rib. There is little lateral displacement of the organ.

The habitus of the patient is decidedly anaemic. She is under general tonic treatment.

Such was her history and condition on July 23d, 1860.

July 23, she was put on the following:

- R. Quiniae sulph.
- Pulv. ferri
- Pulv. digitalis, $\frac{aa}{a}$ gr. xij.
- Strychniae, gr. $\frac{1}{2}$. M.

et in pil. No. xij. divid.;—of which she was to take one every four hours.

Also, tinct. cimicifugæ;—a teaspoonful every three hours.

For several weeks after being put under this treatment, she had no recurrence of the attacks of angina, nor the epileptoid convulsions. Then, however, they returned with unusual violence, and resulted in total paralysis, both of motion and sensation of the lower extremities.

On pressure, the spine at the lumbar vertebrae and also between the shoulders was excessively tender.

Counter-irritation with unguent antimonii was resorted to, and perfect rest in the recumbent posture enjoined. She recovered in about seven weeks, regaining the use of her limbs and sensation perfectly, and is now better than for years. She is now taking a teaspoonful of the following every three or four hours:

- R. Tinct. cimicifug.
- Tinct. belladonnae, $\frac{aa}{a}$ f $\frac{3}{4}$ i.
- Ext. lupulin. fluid. f $\frac{3}{4}$ i. M.

Also,

- R. Quiniae sulph.
- Pulv. digitalis, $\frac{aa}{a}$ gr. xvi.
- Pulv. ferri., 3j.
- Strychniae, gr. j. M.

et in pil. No. xvi. div. One after each meal.

EPILEPTOID CONVULSIONS, FOLLOWED BY PARALYSIS—GRADUAL RECOVERY.

Kate O'C., et. 20, was transferred from the medical wards of the hospital to the epileptic wards of the Insane Department, June 30, 1860.

Epileptiform convulsions, she states, first came on when 16 years of age, in a dentist's office, after having a tooth extracted. She continued from that time to have them very frequently—often several times a day. Her menses did not appear until she was 18 years old, since when they have been normal.

A year after her first attack, (i. e. three years ago,) she became totally paralyzed in her lower extremities. She underwent a variety of treatment, among which the moxa, applied to the lower part of the spine and between the shoulders, and continued for seven weeks.

When she came under Dr. Butler's charge,

she was unable to walk; otherwise presented the appearance of a healthy, well-developed young woman, but excessively nervous; she has to be wheeled about in a sedan chair.

On examination, there was found to be tenderness of the spine between the shoulders and lower portion of the lumbar vertebrae.

July 23, she was put on the use of strychnia in doses of 1-20th of a grain, and on September 7, the following:

- R. Quiniae sulph., gr. xij.
- Pulv. ferri gr. xvij.
- Zinci cyanuret., gr. viij. M.

et in p. No. xij. divid.;—of which one was given every four hours.

Oct. 30, the preceding treatment was discontinued, and the following substituted:

- R. Lupulin, 3i.
- Strychniae, gr. i. M.

et in chart. No. xv. div.; of which one is to be taken after each meal. Subsequently phosphate of iron was added.

Her back at the same time made sore with croton oil.

At this date, Nov. 29, she has had no return of the epileptiform convulsion for nearly five months; there has been a gradual improvement in her paralysis during the last few months, and she has now partial use of her limbs, with a fair prospect of ultimate recovery.

Remarks.—These cases present several points of interest. In both, the epileptiform convulsions were not congenital, but came on at about the age of puberty; one after chorea, the other during the extraction of a tooth. In both, complete paralysis of the lower extremities occurred after the convulsions had existed some time, with excessive tenderness of the vertebrae in the lumbar region and between the shoulders; in both, the paralysis gradually yielded; in the first case, however, much more rapidly than in the last.

As to the precise cause of this intercurrent paralysis, it is uncertain, though it was evidently owing in both cases to some disease of the medulla spinalis. Whether due, however, to simple spinal irritation, or to some organic lesion, can, of course, not be ascertained. In the first case there was a decided hemorrhagic diathesis, as evinced by the frequent hemorrhages from the mouth and nose, and the *bloody tears*. Possibly in this case interstitial effusion of blood in the spinal canal took place in the lumbar region, compressing the cord, but without tearing its fibres; and, though producing temporarily complete paraplegia, becoming rapidly absorbed, did not interfere with a speedy recovery. Such cases are mentioned by authors.

UNIVERSITY OF PENNSYLVANIA.

MEDICAL DEPARTMENT.

Service of Prof. Pepper.

CASE OF CHRONIC BRONCHIAL AFFECTION—INTERESTING PHYSICAL SIGNS—CAUSES OF FEEBLENESS OF THE RESPIRATION.

This patient is a woman, 33 years of age, mother of a young infant, which she is nursing. She complains of a cough which had attacked her three weeks ago, and has been very severe since, producing, in connection with lactation, much debility and prostration.

The appearance of the patient is not that of one affected with tubercular disease, nor can we trace, on inquiry, any hereditary tendency.

On physical examination the bronchial affection is found to be very extensive. The usual rales, accompanying congestion and inflammation of the bronchial mucous membrane, are present in the *lower part of both lungs*. This is usually the case in bronchial catarrh, and enables us, generally, to distinguish, from the beginning, the nature of the affection. If the rales, and other physical signs, existed low down on *one side only*, we might suspect the case as one of incipient pneumonia, which often begins insidiously; but double pneumonia being a rare and generally very acute disease, in a case like this, the existence of physical signs on both sides, low down, renders a diagnosis of bronchial affection almost certain.

Besides this, however, on the right side, under the clavicle, and extending some distance down toward the nipple, we find the respiration rather feeble, and the percussion-sound over the left lung below the clavicle somewhat obscure and dull.

Throwing out the existence of tubercular deposit in the case, for which there is no evidence, what is it that causes this dullness on percussion on one side, and the feebleness of respiration on the other?

The dullness is probably owing simply to the accumulation of thickened mucus in the bronchial tubes, which occasionally produces a modified resonance, and may mislead the physician as to the existence of tubercular deposit.

The feebleness of respiration, in cases like this, is very often due to mere congestion and thickening of the bronchial mucous membrane, shutting off, to some extent, the entrance of air.

Occasionally, especially in young strumous subjects, you have a peculiar plastic matter secreted in one or more of the bronchial tubes, somewhat similar to the exudation of diphtheritis; giving rise to dullness and absence of the respiratory murmur, and leading to a suspicion of tubercular disease. But this material gradually becomes loosened and is discharged, when the dullness and feebleness of respiration at once disappear, and the physical signs

resume their normal state. I have repeatedly seen large, thick masses of this material thrown out, representing more or less perfect casts of the tubes; they are composed, apparently, of successive layers of muco-plastic deposit. On their discharge the abnormal physical signs yield at once.

Treatment.—In the earlier, *acute* stage of bronchitis, we may resort, with great benefit, to small doses of antimony; 1 grain of tartar emetic, with 1 grain of sulphate of morphia in a four ounce solution, of which a teaspoonful is to be given every two or three hours, is a proper formula.

In children you must, however, even in the acute stage, be extremely cautious in reference to the use of antimonials.

This patient having passed the acute stage, and being besides enfeebled by lactation, it would be injudicious to resort to antimony. We shall give her a stimulating expectorant, as follows:

- R. Syrup. scillæ,
- Syrup. senegæ.
- Syrup. ipecac. aa. $\frac{3}{5}$ ss.
- Morphiæ sulph. gr. j.
- Aqua $\frac{3}{5}$ ss.

Of which she is to take a teaspoonful three times a day; and order her counter-irritation, with turpentine or ammoniacal liniment. Her diet should not be low, on account of her nursing her infant.

THREE CASES OF PULMONARY TUBERCULOSIS—CASE OF PHthisis, WITH EMPHYSEMA.

A German, shoemaker, about 30 years of age, pallid look, has had a cough since last July, and lost strength and flesh; his skin is soft and of a macerated, almost withered, appearance; his nails and lips are blue, showing evidently insufficient aeration of the blood. He never had haemoptysis, and no tubercular tendency can be traced in his family.

Physical signs.—Over the lower part of both lungs there are bronchial subcrepitant rales, which are easily distinguished from the coarse and sibilant rales of bronchitis, and the fine rales of pneumonia. Under the left clavicle the expiratory murmur is louder and longer than natural, but there is no dullness on percussion.

Now, prolonged expiration, as it is generally associated with tuberculosis, is also almost always accompanied by dullness on the same side. But this is not the case here.

On further examination, we find decided prominence of the right thorax, increased resonance on percussion, and feeble respiration, indicating the existence of emphysema.

It has been supposed by some that emphysema and tubercle are rarely associated, and that when emphysema is detected, we may almost

certainly exclude the existence of tubercular deposit. This, indeed, was the theory of Louis, and I well remember, in going through the wards of the hospital with him, he would at once, on detecting emphysema in the patient, throw out the probability of phthisis. But experience has taught me that tubercular deposit and emphysema are much oftener associated together than has been supposed. When this is the case, in early stages, when no cavity has yet been formed, the emphysema masks the physical signs of tuberculosis, and we may have thus increased or natural resonance on percussion, in consequence of the permanent dilatation of the air cells; while, at the same time, the prolonged expiration indicates the tubercular deposit. This is the explanation of the physical signs in the case before us; for the rational signs, the long illness, the rapid loss of strength and flesh, the withered appearance of the skin, indicate something more severe than a mere chronic bronchitis.

The safest mode of treatment, then, in his case, would be to restore and build up the patient's general health. If possible, he should quit his present sedentary occupation, and resort, as soon as his strength permits, to out-door work. He should take cod liver oil after each meal, with 5 grains of protocarbonate of iron. The following stimulating expectorant will also be ordered:

R	Syrup. Senegae	3 <i>j</i>	
	Ammon. Carb.	3 <i>j</i>	
	Morph. acet.	gr. <i>j</i>	
	Aquae	3 <i>j</i>	M.

A teaspoonful to be taken three or four times a day. Counter-irritation may be applied by liniment.

A very excellent, gentle counter-irritant is the wearing of the ordinary, very coarse, thick, red flannel, next to the skin. The popular belief of the warming properties of this kind of flannel is not without foundation; for it is asserted by competent persons that in the red dye stuffs which are used in coloring this flannel poisonous species of sumach enter largely; and this explains the peculiar cutaneous eruption which is so often seen in persons wearing this coarse flannel, especially when new. Thus it may serve two purposes—protecting the body against cold and changes of temperature, while it acts at the same time as a counter-irritant.

PHTHISIS IN A WOMAN—CAVITY—AMELIORATION OF SYMPTOMS—REMITTING CHARACTER OF PHTHISIS.

The patient, a woman, 33 years of age, unmarried, leading a sedentary life, with no apparent hereditary tendency, has been at the clinic before; thinks her disease came on from a cold. She has never had real hemorrhage from the lungs, but her expectoration has, at times, been colored. She expectorates now considerably, and coughs most in the morning, and states that she can sleep equally well on either side.

She has had no diarrhoea, but her loss of strength and flesh has been considerable. Her disease dating back a year from last July, the case is one of chronic phthisis; it has been very fluctuating in its character.

This remittent character of chronic tubercular phthisis is very interesting; patients will run down often to an extreme degree, when they will regain flesh, the expectoration diminish, the night sweats become less, and even the physical signs will diminish and improve. This is caused by the tubercular deposit undergoing its development in crops. One particular crop will soften, form cavities, and, finally, after the patient has run down to almost the last degree, the abscesses will begin to heal and a cicatrix be formed. Then begins the period of intermission; the patient improves in all respects, and is supposed to recover. Thus he goes on for a certain time, when another crop of tubercles, at some other part of the lung, will commence to undergo the softening process, and again the patient becomes worse, with a violent return of the general symptoms and a reappearance of the physical signs.

The case before us is one of that kind. We find, on physical examination, a cavity under the right clavicle, the size of an orange; there is marked amphoric respiration, and a peculiar tympanic resonance on percussion, the cracked pot sound. The left lung is comparatively healthy. When she was here before, she was a great deal worse: but now is gradually beginning to have another period of intermission. She has taken cod liver oil, iron, quassia, balsam of tolu, and morphia, and as she appears to improve under this treatment we shall order it continued.

ACUTE PHTHISIS—MILIARY TUBERCLES.

The third case of phthisis before the clinic presents still another type of this malady.

The patient is a carver, of tubercular appearance, has lost flesh, has had chills occasionally and night-sweats; his lips are blue, and he suffers extremely from difficulty of breathing and oppression of the chest.

The right side is somewhat contracted from adhesions, the result of a chronic pleurisy, yet there is some vesicular respiration. The physical signs of tuberculosis are not so well marked as in other cases, for the reason that the tubercles are miliary, disseminated, and scattered all over and through both lungs, and thus not concentrating the physical signs at one particular locality. This form of phthisis sometimes comes on very insidiously. The spirometer in this case would probably indicate a very small vital capacity.

This form of phthisis—acute miliary, disseminated tubercular infiltration—is the worst, and such cases are, almost without exception, entirely hopeless. Still we must do the best in

our power. We shall not give cod liver oil in this case, because it might cause severe and dangerous haemorrhage. I have seen this produced again and again in just such cases. The lungs are so engorged, the blood is already so full of carbonized materials, which the lungs are unable to dispose of, that any additional tax upon them, by the introduction of cod liver oil, would in all probability lead to severe haemorrhage. Still the patient should have nutritious food; but more of an albuminous character than fat or starch.

The patient will also be ordered iron and quinia, while a cough mixture, composed of aromatic sulphuric acid, morphia, and the syrup of the wild cherry bark, will, perhaps, prove beneficial.

NEW YORK HOSPITAL AND CLINICAL REPORTS.

DIAGNOSIS OF PREGNANCY.

A case appeared at Prof. BEDFORD's clinique, exemplifying the ease with which a mistaken diagnosis as to pregnancy may obtain to the great detriment of the innocent victim.

It was that of a young servant girl, who had lost her situation, and had been turned out of doors by her father, on account of her supposed pregnancy. She had been told she was undoubtedly pregnant by two or three physicians; and once in the presence of her father. In consequence of all this she was in a state of great mental distress, but continued to assert strenuously the utter impossibility of the thing. Her abdomen was enlarged, the tumor being pyramidal with the apex downward. She had sickness at the stomach, enlargement and irritation about the mammae, and had not had a menstrual discharge for nine months.

On careful examination, Professor Bedford found it to be a case of physometra; the gas having been, probably, secreted from the uterine blood vessels, as there could have been no portions of retained placenta to give rise to the evolution of gases by decomposition.

The treatment adopted was the exhibition of the compound decoction of sarsaparilla, and salivation by mercury. Under this treatment the abdomen has measurably diminished in size, and the menses have returned.

VICARIOUS MENSTRUATION.

Dr. BEDFORD presented also a case of vicarious menstruation. The patient, a young girl, had menstruated once, and never had a return of the discharge. She had, however, a quite profuse epistaxis every two weeks. Dr. B. said he would employ no medicines, but let her alone. Nature, he said, was not quite ready, and the brain, etc., were being relieved by the epistaxis until the full development of the function.

CASES OF PARALYSIS.

Dr. CLARK showed to his class some cases of paralysis, at Bellevue Hospital.

The first was a case of general paralysis in a man, due to the presence of an apoplectic clot. He could only speak two or three words in succession, and Dr. C. said would probably never be able to utter long sentences. He said he would employ no particular treatment, but would permit the patient to recover without interference. The serum of the clot would soon be absorbed, and considerable relief must follow, on account of the large proportion of that constituent. A general analeptic course of treatment was prescribed, with friction, passive motion, electricity, etc. This was his usual plan in such cases, and it was generally followed by gradual recovery.

Another, was a case of paraplegia, gradually resolving itself into hemiplegia. There existed projection of the first dorsal vertebra, the body of which had given way, constituting Potts' disease situated unusually high up. The body of the vertebra having become more completely disintegrated on the right side than on the left, the vertebra was tilting over to that side, and thus pressing more on the right side of the spinal cord, was gradually effecting hemiplegia of that side. Dr. C. said there was little to be done except in the way of constitutional treatment. It might be advantageous, perhaps, to apply an apparatus which would remove the weight of the head from the vertebral column.

Another, was a case of paraplegia due to syphilis. The patient had a suppurating bubo two years ago. Last August he began to notice a gradual loss of power in his legs. Eight weeks ago he was mildly delirious, principally at night—not knowing where he was. Treatment—Hydrarg. biniod. gr. $\frac{1}{2}$, with pot. iod. gr. v. ter die. Gradual recovery was taking place. Dr. C. said he usually gave in such cases, first the biniodide of mercury, without the other; then, when the constitutional effect began to appear, the pot. iod.; then again, the hydrarg. biniod.; and so until recovery. As the patient was manifestly improving, no change was made in the treatment. The improvement, he said, was generally more rapid in cases due to the poison of syphilis, than in other varieties of paralysis. The essential part of the treatment in these cases was to give mercury in some form. Blue mass would answer just as well as the biniodide.

Dr. C. also exhibited a case of paralysis due to an exostosis of several of the vertebrae in the lower part of the neck. The exostosis was well marked externally, and probably involved the interior of the vertebral canal, producing pressure upon the cord. There was little to be done. Operations had, however, been performed in such cases with success. He instanced a case in which exostosis had been removed from the interior of the vertebral canal three times, and the patient was now living in New Jersey in good health. C.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

A regular meeting of the society was held at the College of Physicians and Surgeons, on the evening of Wednesday, November 28th. Dr. Krakowitzer in the chair.

CONSTRICKTION OF THE COLON—DEATH.

Dr. JAMES R. WOOD exhibited the colon of a man about 72 years old, who had been under his notice for about a month before his death. He had suffered, as his physicians had told him, from obstinate constipation for some six or eight years. When he first saw him, nothing had passed per rectum for about two weeks. He had been taking croton oil, and other drastic cathartics, and presented tympanitis, stercoraceous vomiting, and all the symptoms of intestinal invagination. A bougie would pass no further than about the junction of the transverse with the descending colon.

Large doses of opium and calomel were at once given; gr. xx of the latter being given every three or four hours, until about two hundred grains had been exhibited. The patient was relieved, after the gums had become affected, by a copious discharge per rectum.

He was not seen for a fortnight, at the expiration of which period he returned with the same trouble. The same treatment was adopted, and again relief ensued. He soon had another attack, however, in which he died.

On examination, the colon was found enormously distended with faecal matter and various articles of undigested food—scybala, orange seeds, raisins swollen out and unacted upon, etc. At the junction of the transverse with the descending portion it was found suddenly very much contracted. At the points of constriction the coats were normal in their thickness; but above, they were enormously thickened, being almost as thick, collectively, as dressed calf-skin. They were likewise thicker than normal, below the stricture. At the point of stricture there was almost complete occlusion of the gut. Dr. W. remarked that this was an exceptional case. There was no evidence of malignant disease, no cicatrix, no suspicion of hereditary taint, and the patient had never suffered from dysentery. Constipation had come on gradually with advancing years, and up to the time when he first saw the patient, he had never consulted a physician. It was common, he said, to meet with occlusion either complete, or nearly so, from deposit of cancerous matter; but this case was evidently of a benignant character, and perhaps congenital. As a rule, all strictures of the rectum were owing to the presence of malignant disease.

FIBROUS TUMOR OF THE UTERUS.

Dr. WOOD also presented the diseased uterus of a woman, about 40 years old, who had been under his care for the last four years with an abdominal tumor. Four years ago, when he first saw her, the enlargement was smooth and regular, and evidently situated in the uterus. Upon dilatation of the cervix and introduction of the finger in the uterine cavity, it was found in no respect altered by the growth in the tissues of the organ. No affection of the ovaries was discoverable.

The diagnosis was fibrous growths in the uterine parietes, and iodine and its preparations were used both externally and internally.

At the expiration of eighteen months the enlarged organ was resting upon the brim of the pelvis. Blisters were then applied to the abdomen, on each side by turns, and dressings used of iodine, with cicuta and stramonium. Iodide of potassium and iodide of mercury were at the same time given internally—sometimes one, sometimes the other.

After the lapse of a few months the tumor was found to have decreased in size, and descended into the pelvis. It soon, however, began to grow again very rapidly. During the latter months the os uteri could not be reached, nor could the rectal evacuations be performed with comfort, on account of the pressure upon the vagina and rectum—the tumor occupying the whole of the lower pelvis, and pouting out on the exterior.

About three weeks ago, the patient was attacked with severe pain in the lower part of the abdomen, with persistent vomiting. Tympanitis followed this attack, with exquisite tenderness in the lower part of the abdomen, pressure upon the protruding portion at the vulva invariably causing vomiting. As the disease progressed, the patient became very much exhausted, and died with symptoms of peritonitis.

On examination, the walls of the uterus on the right and superiorly were found involved; above, by fibrous tumors; and below, by masses of broken down fibrous matter. The usual appearances, however, of fibrous deposits in this or any other organ did not obtain. They were those of malignant disease, especially in the portions which had become disintegrated. The microscope, however, revealed nothing but fibrous tissue. This, Dr. W. said, was a very interesting point in the case, and worthy of note.

The vagina was pushed off to the left, and the os uteri was situated above the ilio-pecten line. The rectum was likewise pushed off to the left, and, as before stated, was pressed upon by the enlarged mass. The cavity of the cervix was normal, and a Graafian vesicle was found upon the ovary.

A drawing of the parts was exhibited. An answer in the negative was given to a question

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as to whether the patient had ever borne children. Several cysts were noticed containing a gluey matter, and the question arose, whether one of these, in bursting and discharging, had given rise to the fatal peritonitis.

GALL-STONE DISCHARGED PER RECTUM—DISCUSSION—CASES.

A member next exhibited a gall-stone, the size of a small walnut, composed principally of cholesterin and pigment, which had been discharged, per rectum, by a man while walking about. The theory was that the calculus had caused inflammation and adhesion of the gall-duct to the colon, and had then escaped into the intestine by ulceration. The calculus was discharged twenty years ago; the man has been in good health ever since, and has passed no more.

Dr. WOOD said it was difficult to imagine how so large a calculus could emerge through so small an orifice as that of the gall-bladder, and pass along so small a duct as the cystic. He thought the nucleus had probably lodged in the duct, enlarged there by accretion, and thus gradually had effected dilatation and a passage into the intestine.

Dr. CLARK reminded him of the theory proposed by the exhibitor.

Dr. W. said he had known of the passage of calculi as large as the one exhibited, which must have taken place *per vias naturales*, since post-mortem examination had revealed no evidence of adhesion, ulceration, etc. His experience in autopsies had been considerable, and he had never seen case but once, in which ulceration of the gall-duct had occurred, nor of adhesion of the gall-bladder to the colon, without the presence of malignant disease.

Dr. CLARK related the case of a lady who was seized with uncontrollable peritonitis, and died. On post mortem, the gall-bladder was found to have given way before the action of a large calculus, adhesions having been formed involving the colon and some of the small intestines. Peritoneal inflammation enough had been lighted up to give rise to an abscess containing six ounces of fluid. This abscess had ruptured and discharged into the peritoneal cavity. Here there was adhesion of the gall-duct to the colon—not such as to permit the calculus to pass, but producing an abscess walled in by the peritoneum. The calculus was about three-fourths the size of the one exhibited.

Dr. FINNELL related a case of death from peritonitis, the result of ulceration of the gall-bladder and escape of bile into the peritoneal cavity—the calculus remaining in the bladder.

CLOT UPON THE DURA MATER FROM INJURY.

Prof. POST exhibited a large clot found upon the dura mater of a patient, 45 years old, a

stone-mason, who was admitted into the New York Hospital on November 1st. He had been struck on the side of the head with a wooden mallet. After the infliction of the injury, he walked to a store near by and laid down. Not feeling very well, he remained there, and during the night became unconscious, in which condition he was removed to the hospital. His pulse was 60, and feeble; respiration stertorous, pupils equally dilated, and surface cool. The scalp wound, which was a small one, was enlarged, and a digital examination made, but no fracture could be detected. He died on the third day.

On reflection of the scalp, it and the temporal muscle were found infiltrated with blood. A linear fracture was found extending across the anterior-inferior angle of the os parietale. The clot, which was due to a rupture of the arteria meningeae media, measured about four inches by three, and about two inches in depth. A portion of the brain had become softened, and about two ounces of bloody serum had accumulated in one of the lateral ventricles.

Dr. POST remarked that, had the skull been trephined and the clot gradually removed, the patient would have stood a fair chance of recovery.

PREMATURE BIRTH—FETUS.

A fetus of four or five months' development, with the membranes attached, was next presented by Dr. FINNELL. It was born of a woman just convalescent from typhus at St. Vincent's Hospital—a primipara. The woman was able to go from her bed to the water-closet; while doing so, was seized with violent pain, and, after discharge of stool, was delivered on the spot of this fetus. There had been no suspicion of labor being about to set in; the only complaint she had made having been, a little while before, of an uneasy sensation in the abdomen. The placenta was found in some points extravasated; in others, exsanguine.

In reply to a question, Dr. F. stated that hemorrhage, to the amount of a tablespoonful only, followed upon the delivery.

TUMOR IN AXILLA.

Dr. FINNELL also presented a tumor taken from a man, 24 years old, a laborer, who had always enjoyed excellent health, and who, on his admittance to St. Vincent's Hospital, bore all the marks of perfect health. In April last, he had been obliged to exert himself violently, and, as he supposed, "strained his shoulder." A tumor began thereupon to form in his axilla, and gradually increased in size until his entrance into the hospital. He was then complaining of a great deal of pain in his shoulder. The base of the tumor was situated in the axilla, and the apex was insinuated between the pectorales major and

minor. His pulse, on entrance, was 42. It remained the same for a time, but, after the removal of the tumor, rose to 60—slow and soft. On section, the tumor presented two distinct appearances, like the gray and white matter of the brain—the gray coloring being principally at its base.

Dr. F. said he was reminded of a tumor, supposed to be benign in its nature, which he had once removed from the ramus of the lower jaw. It returned in the cicatrix in an obviously malignant form.

ACUTE IDIOPATHIC GASTRITIS.

Dr. FINNELL next presented a specimen on behalf of Dr. Gallagher. It was the stomach of a woman, aged 48, who, in crossing Hoboken ferry, missed her footing and fell into the water. She was soon rescued, and recovered sufficiently to get home without any difficulty. The only internal restoration used was a little brandy and water, given on the spot. She went to bed in the evening with no particular distress. During the night, however, she was heard vomiting, and, upon a friend's coming to her assistance, complained of soreness and pain in her stomach. She died at 2 o'clock in the morning. The friend who was with her said she took nothing but warm drinks, such as tea—no medicine whatever.

Intense congestion of the stomach and lungs was found. The redness of the latter looked like that of the "rum stomach," or that produced by the cyanuret of potassium. The whole internal surface was intensely red—some points marking the rugae being almost black. It was a case, he said, of acute idiopathic gastritis—there being no evidence of any irritant whatever having been taken into the organ.

In reply to a question from Dr. Wood, who said it was a very remarkable case, Dr. F. stated that no solid ingesta were found in the stomach—only a little tea.

The society then went into executive session, and afterward adjourned.

C.

EDITORIAL DEPARTMENT.

PERISCOPE.

SAFE METHOD OF OPENING DEEP ABSCESSSES IN THE AXILLA AND OTHER REGIONS.

Mr. Hilton gives in the *Lancet* the following directions:—Cut, with a lancet, through the skin and cellular tissue and fascia of the axilla about a half or three-quarters of an inch behind the axillary edge of the great pectoral muscle; at that part we meet with no large blood vessel. There is only a small branch of

one of the external thoracic arteries, which sometimes runs along the edge of the axilla; excluding that which, if wounded, can be easily ligated, we run no other risk. Then push a grooved probe, or grooved director upwards into the swelling in the axilla; and if you will watch the groove in the probe or director as it is passed up through the comparatively healthy tissues into the axilla, a little stream of spoke, serum, or pus will show itself. Then take a blunt instrument, such as a pair of dressing forceps, and run the closed blades along the groove in the probe, or director, into the swelling, and, by opening the handles, you at the same time open the blades situated within the abscess, and so tear open the abscess; and, lastly, by keeping the blades of the forceps open during the withdrawal of the instrument, you leave a lacerated track or canal, communicating with the collection of pus, and which will permit the easy exit of the matter. In this way you may open an abscess deep in the axilla, or in other important parts of the body, without fear of inflicting any injury upon the patient.

STRUCTURE OF THE RECTUM FROM THE REMOVAL OF HEMORRHOIDS BY MEANS OF THE ECRASEUR.

The Parisian correspondent of the *Lancet* says that traumatic stricture of the rectum has repeatedly occurred as a consequence of the removal of hemorrhoids by means of the ecraseur. Attention was first called to this serious objection to the use of the instrument by M. Nelaton, who lately remarked that many of the patients who had been operated on had reason to regret the exchange from a bearable complaint to a veritable torment.

To avoid this unfortunate result, M. Chassaignac now removes as little of the tissue of the rectum as possible, and simply removes the crown of the tumor, trusting to the subsequent inflammation and cicatrical contraction to effect the rest of the process of obliteration requisite for the accomplishment of the cure. To this latter suggestion an objection has been urged that it does not secure an immunity from haemorrhage, and a death from this cause recently at the Hôpital Lariboisiére favors the opinion.

Very "Frenchy."—The Paris correspondent of the *Lancet* says:—"The theory lately propounded before the Academy of Sciences, by M. Demeaux, to the effect that epilepsy in the child often depends upon intoxication on the part of the male parent at the moment of conception, is gaining ground, and other observers are about to furnish their quota of experience on this particular question, the elucidation of which may, let us hope, at no distant day contribute to the diminution of abominable vice."

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REVIEWS AND BOOK NOTICES.

COMPENDIUM OF HUMAN HISTOLOGY. By C. MOREL, Professor Agrégé à la Faculté de Médecine de Strasbourg. Translated and Edited by W. H. VAN BUREN, M. D., Professor of General and Descriptive Anatomy in the University of New York, &c., &c. Pp. 207. New York: BAILLIERE BROTHERS, 1861.

Everywhere the best observers of the profession are beginning to turn their attention, which has been so long confined to the study of the various organic functions, both in health and in disease, to the investigation of histology. There is no department of the science of medicine, either of ancient or modern culture, which promises, or is accomplishing more, than this, the youngest of all, and although we may never be able to penetrate to the minutest molecule of organic structure, or understand the laws of their generation and development, yet discoveries of sufficient brilliancy have been made within the last few years to justify the hope for much more in the not far distant future. Scarcely a quarter of a century has elapsed since Schwann, following closely upon the illustrious Bichat, proclaimed the "originally perfectly identical cellular composition of all animal organisms." Since that time, discovery after discovery have so closely followed upon each other that histology must now be regarded as one of the most important branches of the science.

There has long been needed just such a work as the one before us—one which, by giving a compendious view, will take the beginner step by step into the subject, explaining carefully and clearly as it proceeds, so that even after introduction he may not be overwhelmed by its novelty or minutiæ. Although this work of Prof. Morel's does not presume to be a very elaborate exposition, or to enter into minute detail concerning every department of the subject, yet it embraces the whole subject, and gives with great fidelity a compendium of all that is positively known up to the present day.

As introductory to the subjects of which the book treats, all the simple elements entering into the composition of animal bodies are reduced to four typical forms: 1st, structureless material; 2d, cells; 3d, fibres; 4th, crystalline substances—all the organs and tissues of the body being some form or modification of these typical forms. In the chapter devoted to the consideration of cells, the author gives his views regarding the question of cell formation, and admits of but two modes for their generation—*endogenous* generation and multiplication by *cleavage*. Of the endogenous generation there are two varieties: 1st, by the development of the nucleus of the primitive cell into two "secondary nuclei," their common envelope

disappearing; the nucleus surrounds itself with the granular contents of the cell, and afterwards a new cell-wall making its appearance, thus is completed the young cell. 2d, instead of being developed in the interior of the nucleus, they are formed from the granular contents of the parent cell. The formation by *cleavage*, the second mode of cell-generation, is accomplished by the hour-glass contraction of the cell wall, enclosing in either end one of the two secondary nuclei formed by the development of the primary nucleus; after a while the two portions formed by the contraction of the wall separate, two perfect cells being the result. Prof. Morel has adopted the novel views of Virchow, of Berlin, regarding the non-spontaneous generation of cells, and affirms that "every cell must derive its origin from another previously existing cell, hence, denies their blastemic origin, and regards them as formed only by the two modes above mentioned. Our author also appears to be an advocate of the new "cellular pathology" doctrines of the German Professor.

In the chapter devoted to an account of cartilage, bone, and teeth, the existence of an internal periosteum, or medullary membrane, is denied; that which appears to be a separate lining merely consists of scattering fasciculi of connective tissue, the object of which is to support the fat cells and marrow of the cavity. Concerning the *development* of bone we have two modes described: first, that which consists of the ossification of the cartilages of the fetus, and, secondly, the transformation of the periosteum. Our author's views are opposed to the conclusions of those observers who consider the cartilage cells themselves transformed into bone, and "persists that it is the nucleus of the cartilage cell which becomes transformed into the osseous cell, or lacuna of bone." In this chapter all that is known of the ultimate structure of cartilage and teeth is clearly and tersely considered, together with directions for their preparation for microscopic examination. The plates, with which the volume abounds, are elegantly and artistically executed, illustrating the text with rare fidelity. Space does not permit, nor is it our object to give an elaborate analysis of this truly valuable work. We cannot close, however, without expressing our obligation to the translator for the creditable manner in which he has performed his undertaking; the notes which he has distributed throughout the volume have added considerably to its value.

**REPORT OF THE COMMITTEE APPOINTED BY THE
BOARD OF CONTROLLERS ON THE SUBJECT OF
INTRODUCING VOCAL MUSIC INTO THE PUBLIC
SCHOOLS OF PHILADELPHIA.** By THOMAS FITZ-
GERALD, Chairman.

This is an ably-written pamphlet, which will interest every reader who delights in seeing children made happier and better, and who would

lighten the labors and sorrows which afflict childhood whilst undergoing the ordeal of the usual system of education. As we look on the school, as at present conducted, as but a prison, where restraint from conversation and amusement, and the wearying toil, make it to the child equivalent to suffering the punishment of a felon by solitary confinement and hard labor—this favorable report on the subject of music in the public schools meets particularly with our sympathies.

But it is, unfortunately, presented to a foguish Board, who lately, in opposition to popular sentiment, reason, and humanity, refused to adopt the "one session" plan—a Board who, evidently, think that knowledge should be inculcated (i. e. etymologically *kicked in*) by force and restraint.

We are pleased to notice that music is already taught in a few of the schools. This seems to be accomplished usually by the voluntary efforts of the teachers, yet but ten of the three hundred and twenty-three schools possess musical instruments, and these have been secured through the teachers, the pupils, and their friends.

In several schools teachers are paid by the pupils to teach vocal music, the cost to each pupil being one cent a lesson. There are instances also in which instruction is voluntarily given, and the children receive it with delight.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, DECEMBER 8, 1860.

PHASES OF "THE TOBACCO QUESTION."

The great increase in the use of tobacco during the last decimal period is exciting serious attention, and its influence for good or ill is being universally discussed. The "tobacco question," as it is termed, has engaged in its discussion medical men in the highest positions in the profession, and sanitarians and philanthropists are enlisted in a war of extirmination against the weed. Modern "counterblasts" have appeared against it, but they fall breathless before millions of silent counter-puffs which meet them. The most violent onslaughts against tobacco, such as that of Lizars, of Edinburgh, have been met by arguments attempting to prove the divine origin of the article and a "constitutional necessity" in the human race for its use.

Between these extremes a safe middle ground exists, and there is room for a dispassionate in-

vestigation of the subject. Material for the pursuit is not wanting among all classes and grades, and among all professions. The advocates of the weed argue in its favor its world-wide use, the testimony in its behalf from high sources, the statements of such as Pareira, who have found no invariable deleterious effects attributable to its habitual use, and assert that the excited artificial life and overacting brains of the toiling millions need the tranquilizing influence of such a narcotic as tobacco to quiet them down to a normal standard.

On the other hand, the admitted increase in the number of cadaverous, insane looking youths to be seen everywhere, the greater frequency of disorders of the irregular nervous action, epilepsy, and paralysis, and the records of hospitals for the insane show a sad account against it.

Influences, advantageous or deleterious on every part of the body, are claimed for it or offered against it. Almost every organ is thus a field of strife. Intellects are said to be muddled by it, sight madeamaurotic, taste destroyed, digestion impaired, hands palsied, skins fallowed, and frames attenuated. While, on the contrary, according to the experience of thousands, tobacco arouses the intellect, brightens the eye, makes a healthful sequel to a good dinner by assisting digestion, and innervating the frame when worn with the day's toil.

The dentists are considering the influence of tobacco on their peculiar domain. A writer in the *Dental Cosmos*, who favors the use of tobacco, with the object of refuting them, mentions a number of common objections to it. It is said that the hot smoke taken into the mouth will, by the sudden change of temperature, crack the enamel, but he shows that the temperature of a tooth may be suddenly changed from that of ice water to that of boiling water, without the enamel being ever injured. The objection that the chewing of tobacco wears away the crowns of the teeth is admitted, but not to a greater extent than the mastication of ordinary food. That the oil of tobacco, or empyreumatic oil, has any influence on the teeth, he disproves by the experiment of immersing human teeth in the oil made by the destructive distillation of

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tobacco, which produces, it is said, not the slightest change in them.

These can be the only direct influences on the teeth, but the writer overlooks the indirect influences which may affect the teeth, in the same manner that the stomach and other organs may be affected. He thinks that the usual way of smoking by "simply taking into the mouth and blowing it out again," is incapable of doing any harm, and alludes to the manner in which the Spaniards smoke, as likely to injure. The Spaniards, he says, inhale all the smoke into the lungs. This, we think, is a mistake; and if any one in the habit of smoking will, when the mouth is filled with smoke, attempt to inspire, he will, by painful experience, be convinced of the impossibility of habitually inhaling tobacco smoke. The peculiarity of the manner in which the Spaniards smoke is that the smoke is allowed to pass back into the fauces, and some or all of it is exhaled through the nostrils.

The investigation of the physical and mental influences of tobacco will continue to be one of difficulty. Yet an unbiased statement of the consequences to the community of a habit which is so greatly increasing would be of the highest importance. The subject is deserving, for the popular benefit, the exposition of a more unprejudiced treatise than it has up to this time received.

Of the excessive use of tobacco none will deny the evil effects, and the peculiar expression of the condition for which we invent the term *nictism*, is, we think, as recognizable as that of alcoholism, although there is but little resemblance between the two states. The difficulty will be in deciding what is the moderate use of the narcotic, and whether the so-called moderation is hurtful.

EXTRACT BLODGETTI' AND REVEREND QUACKS.

A few days ago, a man, whom we knew to be a great hypochondriac, came into our office, asking where he could get the "*Extract Blodgettii*."

It appears that, fancying himself to be dying of consumption,—he has got a pair of lungs like bellows, good resonance, and a chest like

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a Devonshire ox,—he was struck some time ago with an advertisement in the semi-religious *World* newspaper, of one Reverend Edward A. Wilson, in which that divine layeth before the world the promptings of his heart in reference to a sure cure, which he pretends to have, for consumption.

Placing implicit reliance upon the integrity and consistency of the managers of the excellent sheet in which that advertisement appeared, who would not insert anything, and pocket the money therefor, the truth and honesty of which they did not believe themselves,—of course not,—and putting all trust in the philanthropic benevolence of the Reverend E. A. W., who would not impose upon the public,—of course not,—our misanthropic friend sent to the latter individual a letter, stating his imaginary case, and beseeching the philanthropic divine to communicate his sure cure to him.

Having since had a rather unusually sharp attack of biliousness, and having put himself under our care, we succeeded, by a brisk dose of pulvis ipecacuanhae, to clear our friend's mind from his tubercular fancies, and, while yet under the effects of the emetic, he, miserable wretch, committed to our care his correspondence with the Reverend E. A. W., thinking that we might find it interesting, perhaps.

And so we did.

Document No. 1.—This is a lithographed letter signed by E. A. W., with a flourish, in which he expresses his sympathy with our poor hypochondriac sufferer, and says: "If you use the pure and unadulterated articles, I am sanguine and *positive* as to the result." He also expresses a desire that the patient, should he visit New York, should call and see him at his residence in Williamsburgh, when he "would be happy to furnish you with the medicine imported, and properly compounded by myself."

Document No. 2 is the *Recipe for Consumption, Asthma, Bronchitis, Scrofula, etc.,* as follows:

Extract Blodgetti.

Hypophosphite of Lime.

Alantin, (Pura.)

Meconin. (Pura.)

Extract Cinchona.

Loaf Sugar.

Pure Port Wine.

Warm Water.

Knowing, of course, that the poor miserable victim who falls in his clutches will be unable to procure the "Blodgett," our pious quack states that he has the preparations on hand, and will, on the receipt of \$2, (and postage 30 cents,) mail to patients a package, containing the Extract of Blodgett, etc.

All this is done not from any selfish or mercenary motives, of course not, "but from a sense of Christian duty by one who, from the most severe and bitter experience, knows how to sympathize," etc., etc.

Document No. 3.—Appended to the recipe are two notices, one from the *Tribune*, and the other from the *Times*, calling attention to "*The Pastor's Gift to the Young Convert, embracing a complete outline of Christian duty,*" By Rev. E. A. Wilson. The *Tribune* tells us that every new convert, and all church members, should possess the book, and no doubt a copy graces its editorial sanctum.

Thus it will be seen, that E. A. W. not only dabbles in medicine but also in book-making; and if his spiritual remedies are like his physical, mercy be upon the poor soul who falls in the hands of this divine quack.

Document No. 4.—This is the *Christian Era* of Oct. 3d, 1860, edited by the Rev. Wm. B. Adams. It contains a card to the public by the Rev. Wilson, and an editorial puff in behalf of the "Blodgett," by the Rev. Adams, who is *Doctor*—of Divinity.

These are the documents of one of the most cunningly and swindlingly devised pieces of quackery that has ever fallen under our notice. Advertised into notoriety by the semi-religious *World*, conceived and carried out by the Reverend E. A. Wilson, and puffed into significance by Brother Adams, D. D., if public opinion is not strong enough to protect the ignorant sick against the extorting devices of such pretenders and swindlers, we hope legislatures will soon come to a conviction of putting a stop to this murderous trade, whether it be

carried on on its own merits, or under the guise of Christian philanthropy and the sanction of editorial D. D.'s.

A WORD PRIVATE.

There is published in New York a sort of semi-religious daily paper, at first a penny sheet, but which recently having obtained a ten or twenty cylinder press—we have forgotten which—and a hundred thousand subscribers, more or less, has at last entered a two cent respectability.

We have a little private talk with that issue. In one of its numbers it has the following:

"A Philadelphia medical journal authenticates the scientific value of our reports of the proceedings of the Medico-Chirurgical Society, in this city, by transferring one bodily to its own columns. The excellent sense evinced by this selection was not continued to the journal, for it adds the regret that so good a report should appear in a secular paper, when the columns of a scientific journal would have been its appropriate place. Its case reminds one of the man who was abused for having been born in some Nazareth or other, but followed the advice of his assailant and took the earliest conveyance to the city where he ought to have been born. The journal in question is quite at liberty to continue its corrections of our frequent blunders in furnishing too good reports of scientific matters, by transferring them as early as possible to the columns where, we must admit, they ought to have appeared in the first place."

This paper and its medical editor know that what they have stated in the above is *false*. They know that we did not copy these proceedings of the Medico-Chirurgical College on account of their scientific value; they know that we need not, for our reports of medical matters in New York, wait for the reports of its penny-a-liners. That paper and its medical editor, or the man who prompted the above paragraph, know that we *quoted* the proceedings above mentioned as a glaring example of "*unprofessional advertising*," unworthy of the Society from which they emanated.

The paper in question was announced to be conducted on principles of morality, religion, and decency. It was to set its stern face against all frivolous and worldly matters. Operas and theatres were to it an abomination,

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and it shrank at first with holy horror from the idea of lending itself to invite men, women, and children to such dens of sin and profligacy. But after having wheedled unsophisticated people into a belief of its unquestionable moral character, it now spreads before its readers the invitations to such ungodly feasts, and pockets the money.

It was also to set its face against all brutal exhibitions, such as dog-fights, rat-fights, sparing exhibitions, etc. But, in a recent number, we find a glowing, minute, spirited description, extending over more than a column, of the principal dog and rat fighting establishment in New York, evidently written to entertain the "fancy," and calculated to create an interest for these brutal exhibitions; while the very next column, within scent of the kennel, is dedicated to the "religious world."

But, besides such glaring inconsistencies, the same paper is guilty of as wicked conduct as the *Herald, et id omne genus*, in regard to medical advertisements. For lucre it does not hesitate in the least, with all its paraded morality, Christianity, and religion, to insert "medical advertisements," calculated to cheat and swindle people out of health and life, making itself the aider of pretenders and swindlers, and the abettor of poisoners and murderers.

We had intended to ask that paper to correct the falsehoods which it impliedly uttered regarding us. But from its want of consistency, its hollow pretences, and its allegiance to all that pays in cash, regardless of the injury inflicted upon the people, we abstain from such an idle request; hoping, however, that its managers will yet come to understand that more harm is done to the true religious interests of the community by its assumed verbal piety, while its practices are those of the "wicked world;" and, before all things, that telling falsehoods about your neighbors is not generally considered, even among the heathen, as a moral virtue.

—o—

M. Groux, the subject of the congenital fissure of the sternum, is again exhibiting himself before the medical societies of London, and appears to be creating an increased interest.

SPIRIT OF THE MEDICAL PRESS.

Dr. Oliver Wendell Holmes' "Currents and Counter Currents," which was launched upon the sea of medical literature last spring, is still the subject of comment in our exchanges. It was at once regarded as a strange craft—a "long, low, black, suspicious looking" craft. First, it attracted a passing glance of the eye, then the eyebrows were contracted to shade the eye, then the hand raised for the same purpose. Next a hollow cylinder was formed, first by one hand, then by both, to intercept all rays except from that particular object. But not yet satisfied, the whole catalogue of aids to vision, the eye-glass, then the lorgnette, and finally the spy-glass, have been called into requisition. The result has been that the "suspicious looking craft" has been found, after all, to be but an innocent little skiff, bounding o'er the billows, containing but one passenger, and he out for an airing.

A racy notice in the Chicago *Medical Journal* says:—"The smoke which the *pathies* and the *isms*, with the newspapers generally, their ready servitors, contrived to throw around it, has gradually risen from the field; and, as one of the watchmen upon the *Æsculapian* towers, we report to the denizens, none dead, none wounded, and none missing! Not even the poetical Breakfast-table Professor has deserted and gone over to the enemy!" The same writer wagers a bottle of copaiba against an equal amount of hive syrup, that the distinguished Professor does not, never has, and never will practice in accordance with one of his propositions.

The Charleston *Journal and Review* has one of the best notices of this Address that we have seen.

The Medical Department of the University of the Pacific, at San Francisco, seems to have enemies both in and out of the profession. It seems, as we learn from the San Francisco *Medical Press*, that the Professors offered to take the medical supervision of the City and County Hospital free of charge, if they could have the privilege of giving their students clinical instruction. The Board of Supervisors refused the application, and continues the present staff of medical men, who receive pay for their services. Clinical instruction is given, it seems, but by one man only on all the branches. The Faculty of the University should rather encourage than discourage the Supervisors in paying for the services of the hospital staff, and use their in-

fluence simply to have all of them, as occasion requires, aid in giving instruction in medical teaching in all its departments.

We learn, with regret, from the same journal that some medical men of San Francisco are endeavoring to prejudice the mind of the public against dissections, and throw obstacles in the way of procuring material for the purpose. Such men are utterly unworthy of the honors of the profession.

Correspondence.

DIGITALIS IN SCARLATINA.

MESSRS. EDITORS:—The bills of mortality of Philadelphia, for several weeks past, demonstrate that scarlatina has increased in extent in some of its wards with very fatal results. This fact has induced me to call the attention of my medical brethren to a paper on that subject, as contained in the *REPORTER* of the 3d of March last, in which eighteen cases are given, showing the beneficial effects of digitalis in this disease. Since that time several cases have occurred to me where it has been administered with the same satisfactory results. One of the most prominent symptoms of this disease is the unusual rapidity of the pulse, fully demonstrating the extreme action of the heart and arteries, greater than we usually meet with in other febrile diseases, and which make it so formidable in its character. The proper indication, therefore, is the employment of remedies calculated to arrest such an impetus as soon as possible. Such a remedy we have in digitalis. Whatever may be the cause of such extreme action, whether a poisoning of the blood acting upon the nervous centres, or from any other cause, the true philosophy in the case appears to be the use of such means as will, without delay, control and subdue the disastrous effects arising from such a cause. There need be no want of confidence in the safety of the remedy. I have employed it very extensively without any injury ever accruing from its use. It would afford me much pleasure if the profession would give the remedy a fair trial, in accordance with the recommendations as contained in your number of March 3d, 1860. I have not as yet tried the veratrum viride in this disease, as I have been so well satisfied with the use of digitalis. The veratrum is also a very depressing agent, having been employed satisfactorily in many cases in arresting and controlling the action of the sanquiferous system, but I very much doubt if its depressing effects upon the system would be sufficiently strong and permanent to produce the same satisfactory results as

digitalis. But it matters not what is the remedy employed, provided it produces the same results; the principle is the same; arrest the *vis a tergo*, and convalescence is the consequence.

In three out of the eighteen cases above alluded to, bloodletting was employed in the early part of the disease to save the brain from serious injury, as the high state of the pulse, together with the violent delirium, called for immediate relief before any internal remedy could be administered in sufficient quantity to act favorably in restraining the general action of the circulating system previously to the use of digitalis.

Yours,
L. P. GEBHARD.

THE BEARD QUESTION.

December 3d, 1860.

GENTLEMEN:—Your article in the last number reminded me of one I wrote for a newspaper a few years ago, when the "beard question" was being actively discussed. I retained a copy of it, and, if you are willing, I should like it re-published in a Medical Journal, because it points out a physiological and anatomical analogy, which, however well known, is certainly not often alluded to by writers on the subject.

Yours, truly,

W. M. HUNT,
431 Arch street.

"**MESSRS. EDITORS:**—In the many newspaper discussions upon the beard question, I have, as yet, seen no adequate answer to the oft-repeated argument of the opposers of the appendage—'Woman has no beard, and why should man, who professes to be the stronger, need such a protection, if protection it really be?' 'Women are not intended for the exposed occupations of men,' is the general reply. Now, it strikes me that this does not at all meet the case, and I propose to give a more complete answer to this apparent poser, by showing that there is a most beautiful unity of design in the structure of the neck and face of the male and female, and, by analogy, to maintain that the beard is not only a useful protection but an important element of manly beauty.

"The female, as a rule, is distinguished from the male by rotundity, or evenness of outline, and this, it is admitted by all, is an essential characteristic of the abstract idea of beauty. This peculiarity of form is brought about by her having, in addition to a more delicate skeleton framework, fine layers of fat immediately beneath the skin, and this fat is particularly abundant about the bust, the neck, and the face—parts that are exposed with such apparent impunity. Why impunity? Because fat is a negative substance in its physical properties, one of the best non-conductors, and hence a powerful preserver of animal heat, and, in the

parts we have mentioned, a great protector of very important organs, as the summits of the lungs, the main air passages, the great blood-vessels, etc.

"So much for the female; now for the 'lord of creation.' My object is to show that the same is virtually the case with him; that what exists, as far as physical properties are concerned, beneath the skin in the female exists, or should exist, upon it in the male. He is distinguished by sharpness of outline; his skin is applied much more closely to the underlying parts. He has a much rougher skeleton, and we can more readily define the position of internal organs from external appearances in him. Hence he protects himself by appropriate clothing to a much greater extent than his fair help-meet, who, I am sorry to say, is too apt erringly to presume upon her natural advantages. Picture to yourself fifty gentlemen at an evening party with bare necks and shoulders. Fifty chills and fifty pleurisies would most probably be the result. But for the protection of parts that are necessarily exposed—the face and upper part of the neck—what is provided? Most certainly the beard! Hair, like fat, is a non-conductor, and therefore a preserver of animal heat; and, also, by its pliability, it fills up the hollows of the countenance, obviates lankness of visage, and thus contributes to that evenness of outline which we have seen is an essential element of beauty. I know it will be said that there are many fat men and many lean women. But neither of these are types of their class; besides, the former will generally be found to have smooth faces, and the latter have no more business to go in fashionable full dress, or rather undress, than men, because they not only display no beauty, but, by violating immutable laws, they too frequently contract obstinate and often incurable disease."

EXTENSIVE WOUND INVOLVING THREE METACARPAL BONES—SPEEDY UNION.

Johnstown, N. Y., Dec'r 3d, 1860.

MESSRS. EDITORS:—Allow me to report the following case. About Sept. 15 last, a child of two years was brought to my office, with three of the metacarpal bones divided by a diagonal cut from the outside of the carpal joint to the indicator finger. I brought the parts in apposition, and held them there by five stitches, directing the nurse to keep the bandage wet with whisky. I saw the hand the fourth day, when the parts had nearly united. The application of whisky was discontinued; the stitches were taken out, and the dressing changed to simple cerate. I saw the hand again on the 10th of November; it was perfectly well, and had no appearance of having been mutilated.

Yours, J. S. CROWLEY, M. D.

DIGITALIS IN DELIRIUM TREMENS—DUEL—WOUND.

A correspondent writes as follows:

In a case of mania-a-potu recently, after other means failed, I resorted to the tinct. digitalis in $\frac{1}{2}$ oz. doses, of which I gave four without any perceptible effect in relieving the previous delirium. The patient finally succumbed. It was his fourteenth attack.

In case of a duel happening some time since between two distinguished gentlemen of Mississippi, one of the parties being very fleshy, resorted to a tightly-buttoned coat to diminish his size, thus bringing in front a great mass of fatty matter. As you are aware the position is side to side in the act of firing. At the first fire, the portly gentleman fell. His surgeon unbuttoning his coat, the fatty mass gave back, and he at first sight pronounced him mortally wounded, as the place of entrance and exit were directly opposite, to all appearances shot through the body. As his symptoms did not indicate speedy dissolution, the wound was further examined, when it was ascertained that the ball had merely gone through the compressed mass of flesh, without even touching the ribs, and that when restored to its natural position, it gave the seemingly deceptive appearance of the ball having passed entirely through the body. Had the gentleman not been so overly anxious in regard to his safety, he would have escaped unharmed. S.

DOES RICE CAUSE BLINDNESS?

MESSRS. EDITORS:—From the testimony in a recent trial in New York, it appears that, among sailors, there is a popular belief that an abundant rice-diet causes blindness, and, in a recent number of the *New York Medical Times*, a correspondent asks whether this popular belief has any foundation? Permit me to give an explanation, of course entirely theoretical, for the purpose of eliciting the opinions of those who may have experience on the subject.

Rice contains from 80 to 85 per cent. of starch, which, in order to be digested and assimilated, must be converted into sugar. May not a long-continued and almost exclusive rice-diet thus cause an excess of sugar in the blood, and produce opacities in the media of the eye in like manner as diabetes produces cataract? And, to ask some more questions: is diabetes proportionally more frequent in sailors than among landsmen? Does a long-continued and exclusive rice-diet produce diabetes? Is cataract more frequent among the Eastern, rice-eating nations than Europeans? Is it true that among the slaves in Cuba and our Southern States, where rice forms the basis of the diet, cataract is very common?

These are questions of considerable interest, which, perhaps, some of your readers can answer.

L.

THE NEW TITLE—A PROPOSAL.

MESSRS. EDITORS:—Allow an old practitioner to express, in a few words, his entire concurrence with the views expressed by your correspondent from —, *New Jersey*, in regard to the new title. The Board of Examiners or Censors should, in my opinion, be appointed by the American Medical Association, and not by the State Societies; and for this reason many of our State Societies have been lamentably backward in the work of organization, and cannot, unless great efforts are made, occupy the advance ground, which alone can entitle them to be trusted with so responsible a matter as the appointment of Censors for a national organization. Let the standard be fixed by the American Medical Association, and let the latter also appoint.

As to one Board for the whole United States, that is impossible, if it is expected that the mass of the profession shall participate in the movement. It would render the cost of the organization, from the mere traveling expenses, so high, that but few would be able to enjoy the luxury of being *Censors*, or applying for admission.

It seems to me a very important matter, that we should hear the opinion of the profession generally on the subject.

Let me propose, for this purpose, that the various medical societies discuss the matter, and take a *test vote*, to be published in the journals. Thus the sense of the profession might be obtained.

O.

ANOTHER "LOCK-JAW" CASE.

MESSRS. EDITORS:—In your Journal for Nov. 17th you allude to a ridiculous mistake in diagnosis, and mention a case of dislocated jaw that, by a homeopath, was mistaken and treated for *lock-jaw*, with the jaw *locked* open! That case brings to my mind another. When I was a six-month student of medicine, a neighbor, while vomiting, dislocated his lower jaw. He consulted an *eclectic*, who, after an hour's fruitless attempt at reduction, told him he was engaged to go out with a company on a pleasure excursion, and he would give the case further attention on his return. Not being willing to wait, the patient consulted a homeopath. He, too, made a fruitless attempt at reduction. He then gave the patient some of his globules to be taken, and a liquid with which to bathe the face, and left, promising to renew the effort at reduction on the morrow, providing it did not replace itself in the meantime! Half an hour later, I saw the patient. He presented a ludicrous aspect, and, indeed, seemed like one poorly resigned to his fate. He couldn't jaw his previous medical attendants, for the reason

his jaw wouldn't work. I offered my services, (students are not amenable to the code,) and reduced the dislocation without difficulty. When the homeopath renewed his visit, and learned the condition of things, he took glory to himself by saying that no man living could have reduced that dislocation, if he had not given medicine to "relax the cords!" The aspirant for surgical glory left abruptly when the patient informed him that none of the medicines left had been used!

O. C. G.

NEWS AND MISCELLANY.

Provision Supplies for London.—The correspondent of one of our exchanges gives some interesting facts in regard to the provision supplies for London, taken from the statistics published in one of the Quarterlies.

Of fish, there are from our Eastern coasts sent up hundreds of tons every morning, chiefly herrings. The South Western Railway sends up annually four thousand tons of mackerel. The Great Western brings up one thousand five hundred tons of fish in the year; and the Brighton and South coast conveys fifteen thousand bushels of oysters, besides four thousand tons of other fish. These are speedily transmitted by fish mongers and street coster mongers over the whole town. Red mullets come from Cornwall, smelts and eels are brought by the Dutch boats, pyramids of lobsters from the Norwegian fiords, turbots fattened on the Dogger-bank, together with our Thames whitebait and "Natives," (oysters,) all these find ready welcome and rapid consumption in incredible quantities. Sometimes twenty thousand lobsters are conveyed alive from the Norwegian coast to East Grimsley, in a single night, and are forwarded to London by the Great Northern Railway. Ten thousand more arrive from our own and the French coasts. "Four boiling houses receive these shelly ruffians, twisting and fighting, and for a trifling sum per score, change them from black to scarlet in twenty minutes." The lobsters are first killed by the insertion of a needle through the head. If boiled alive they would cast their claws. The lobster trade is chiefly in one man's hands, who pays £15,000 a year to the Norwegians, for this single article. It is positively declared by the traders, that the supply of fish to London is from three hundred millions to four hundred millions pounds weight per annum.

As to *flesh meat*, a million and a half of sheep, more than a quarter of a million of oxen, and calves and pigs in proportion, were brought to Smithfield alone, in London, in one year (1853,) and the present annual supply must be greater. Much cattle now comes from the Continent, chiefly from Holland and Denmark. There is also a vast amount of country-killed

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NEWS AND MISCELLANY.

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meat brought to the metropolis, including supplies from Scotland. About fourteen millions pounds weight of flesh meat are annually consumed. The quality as a rule is excellent.

There is a great consumption of *chops* in London, and they are generally first rate, and well served. A butcher in the city proper, says: "Sometimes I cut one hundred saddles into mutton chops in one day."

The quantities of *game* and *wild birds* sent to salesmen almost exceed belief. When the shooting season begins in the Highlands of Scotland it is not unusual for one firm to receive five thousand heads of game, and as many as twenty thousand to thirty thousand larks are often sent up together. Ostend sends annually six hundred thousand rabbits; from Ireland come flocks of plovers, and quails from Egypt and the South of Europe. On one occasion, seventeen thousand of these birds were sent from the Roman Campagna. Of two millions of fowls for London tables, the greater number come from the two counties of Sussex and Surrey; many also come from Ireland. The bulk of the geese, ducks, and turkeys come from Norfolk, Cambridge, Essex, and Suffolk. The estimate of all the poulters' stock annually consumed here, including hares and rabbits, amounts to some unknown figure between six millions and ten millions.

London milk is not so bad as its old reputation leads the world to suppose. I do not believe that either chalk or sheep's brains are largely mixed up. Certainly "the cow with the iron tail" (the pump to wit) gives copious dilutions to the kindly gifts of the cow proper. And there are 200,000 of cows in the metropolitan dairies and suburbs—one of them within a stone's throw of where I write, and in which beautifully clean, carefully tended, glossy fat, well fed, are about one hundred cows of the finest breeds. Much milk also comes from the country, one railway bringing three million quarts annually.

The vegetables are chiefly raised in the alluvial valleys, between London and Greenwich. Thirty-five thousand persons are employed in furnishing them to the dishes of the metropolis. Whenever there is a dearth of vegetables, telegrams are sent for supplies to Holland, France, and Belgium, and, in answer to the appeal, France has sent by sea and the South Eastern Railway as many as one hundred tons of peas, twenty-five tons of plums, and ten tons of black currants, in a single night.

The liquids consumed in London, besides water, (now increasingly used in connection with public fountains and the progress of temperance,) amount to nearly a thousand million tumblers of ale and porter.

Of bread, there are made four hundred and thirteen millions of half-quartern loaves, and buns and tarts in proportion.

Love and the Doctors.—The following extracts are taken from "A Book about Doctors," recently published in London:—

"Love has not unfrequently smiled on doctors, and elevated them to positions at which they would never have arrived by their professional labors. Sir Lucas Pepys, who married the Countess de Rothes, and Sir Henry Halford, whose wife was a daughter of the eleventh Lord St. John of Bletsoe, are conspicuous among the more modern instances of medical practitioners advancing their social position by aristocratic alliances. Not less fortunate was the farcical Sir John Hill, who gained for a bride the Hon. Mrs. Jones, a daughter of Lord Raneleigh—a nobleman whose eccentric opinion that the welfare of the country required a continual intermixture of the upper and lower classes of society, was a frequent object of ridicule with the caricaturists and lampoon-writers of his time.

"But the greatest prize ever made by an *Esculapius* in the marriage market was that acquired by Sir Hugh Smithson, who won the hand of Percy's proud heiress, and was created the Duke of Northumberland. The son of a Yorkshire baronet's younger son, Hugh Smithson, was educated for an apothecary—a vocation about the same time followed for several years by Sir Thomas Geery Cullum, before he succeeded to the family estate and dignity. Hugh Smithson's place of business was Hatton Garden; but the length of time that he there presided over a pestle and mortar is uncertain. In 1736, he became a Fellow of the Society of Antiquaries, but he withdrew from that learned body, on the books of which his signature may be found, in the year 1740. A few months after this secession, Sir Hugh led to the altar the only child and heiress of Algernon Seymour, Duke of Somerset. There still lives a tradition that the lady made the offer to Sir Hugh immediately after his rejection by a famous belle of private rank and modest wealth."

How some of the woosers looked when wedded, the annexed passages will show:—

"Dr. Cadogan, of Charles the Second's time, was, like Sir John Eliot, a favorite with the ladies. His wont was to spend his days in shooting and his evenings in flirtation. To the former of these tastes the following lines refer:

"Doctor, all game you either ought to shun,
Or sport no longer with the unsteady gun;
But, like physicians of undoubted skill,
Gladly attempt what never fails to kill,
Not lead's uncertain dross, but physic's deadly
pill."

"Whether he was a good shot we cannot say; but he was sufficiently adroit as a squire of dames, for he secured as his wife a wealthy lady, over whose property he had unfettered control. Against the money, however, there were two important points figuring under the head of 'set-off'—the bride was old and queru-

lous. Of course such a woman was unfitted to live with an eminent physician, on whom bevies of court ladies smiled, whenever he went west of Charing Cross.

"After spending a few months in alternate fits of jealous hate and jealous fondness, the poor creature conceived the terrible fancy that her husband was destroying her with poison, and so ridding his life of her execrable temper. One day, when surrounded by her friends, and in the presence of her lord and master, she fell on her back in a state of hysterical spasms, exclaiming, 'Ah! he has killed me at last. I am poisoned!' 'Poisoned!' cried the lady friends, turning up the whites of their eyes. 'Oh! gracious goodness! you have done it, doctor!' 'What do you accuse me of?' asked the doctor, with surprise. 'I accuse you—of—killing me—ee,' responded the wife, doing her best to imitate a death struggle. 'Ladies,' answered the doctor, with admirable nonchalance, bowing to Mrs. Cadogan's bosom associates, 'it is perfectly false. You are quite welcome to open her at once, and then you'll discover the calumny.'"

John Hunter at Home.—John Hunter had no sympathy with his wife's poetical aspirations, still less with the society which those aspirations led her to cultivate. Grudging the time which the labors of practice prevented him from devoting to the pursuits of his museum and laboratory, he could not restrain his too irritable temper when Mrs. Hunter's frivolous amusements deprived him of the quiet requisite for study. Even the fee of a patient who called him from his dissecting instruments could not reconcile him to the interruption. "I must go," he would say, reluctantly, to his friend Lynn, when the living summoned him from his investigations among the dead, "and earn this d—d guinea, or I shall be sure to want it to-morrow."

Imagine the wrath of such a man finding, on his return from a long day's work, his house full of musical professors, connoisseurs, and fashionable idlers—in fact, all the confusion and hubbub, and heat of a grand party, which his lady had forgotten to inform him was that evening to come off! Walking straight into the middle of the principal reception room, he faced round and surveyed his unwelcome guests, who were not a little surprised to see him—dusty, toil-worn, and grim—so unlike what "the man of the house" ought to be on such an occasion. "I knew nothing," was the brief address to the astounded crowd, "I knew nothing of this kick-up, and I ought to have been informed of it beforehand; but, as I have now returned home to study, I hope the present company will retire." Mrs. Hunter's drawing rooms were speedily empty.

Dr. Edward Warren, having resumed his professorship at the University of Maryland, Baltimore, has withdrawn from the editorship of the *Medical and Surgical Journal* of North Carolina.

Method of Treating Disease among the Digger Indians.—A Californian correspondent of the *Inquirer* gives the following account of the manner of treatment by the hot-air and sand-baths which they consider a panacea:

An immense oven is built, with a hole for the entrance of the digger, and another for the egress of the smoke. A fire is built near the hole made for the accommodation of the former, and the patients enter it in numbers, and remain till they have sweated for a length of time, occasionally scraping the odorous sudatory exertion from their bodies with a piece of iron hoop or a stone. As soon as they have sweated sufficiently, they plunge into the river, on emerging from which their cure is supposed to be complete.

Their sand-baths, though similar in principle, differ somewhat in the mode of their application. A trench is dug, in which a fire is built, and allowed to burn for some time. When the ground is considered to be sufficiently heated, the fire is removed, and after stirring the earth with a stick, so that the heat may be equally diffused, the patient is placed in the trench and covered with sand, leaving only his head out. The result, of course, is a profuse perspiration, after which the same cold plunge takes place, which succeeds the *temeschal*, or hot-air bath.

Poisoned Confectionery.—As the season is approaching at which confectionery is extensively manufactured and consumed, a timely allusion to the fact that much of it is colored with highly poisonous articles may be the means of saving life. During the holiday season, last winter, several cases of poisoning from this cause occurred, which nearly proved fatal. In producing some of the brightest tints of green, yellow, and blue, preparations of either arsenic, copper, or lead, seem to be essential. The worst cases of poisoning from eating confectionery have been attributable to that which was colored green, by the arsenite of copper.

A criminal prosecution of the manufacturers of poisonous confectionery, which is made ornamental for the purpose of attracting children, would be the best means of insuring the discontinuance of the practice.

A New "Pathy."—A quack in Prussia has published a tract entitled "Cider, Milk, and Water the Only and Best Medicinal Agents." Here is an extract showing the general style: "The magneto-physical stream of this mighty fullness of the gifts of nature penetrates marrow and bone only for their weal, alarms what is unnatural, excretes unhealthy humors, together with old deposits of medicinal substances, whereby the natural vigor regains its life and helps itself."!!!

Hospitals for Consumptives seem to be in favor in London. A new one is designed to be established in the northern part of the city.

Composition of Apples.—All know, says an exchange, that the various sorts of apples differ much in composition, yet, in an average condition, 100 pounds of fresh apples contain about 3.2 pounds of fibre, 0.2 pounds of gluten, fat, and wax, 0.16 of casein, 1.4 of albumen, 3.1 of dextrine, 8.3 of sugar, 0.3 of malic acid, 82.66 of water. Besides the above-mentioned elements, the apple contains a small quantity of tannic and gallic acids, most in the russets. To these acids, apples owe their astringency of taste, and the blackening of iron or steel instruments used to cut them. The percentage of ash in the apple is small, yet it is rich in phosphoric and sulphuric acids, potash, and soda. The dry matter of melons contains quite a large percentage of albumen, casein, sugar, and dextrine, with a small quantity of acid.

Hygrometric Condition of a Bee-hive.—On placing a geranium-hygrometer in a hive between combs covered by bees, it shrank. Though the weather was so damp and rainy that the spirals were wholly unwound, it shrank into four twists. A hair-hygrometer being placed in a hive in damp weather, after half an hour indicated fine weather. Kitchen salt, which, outside of the hive, in the open air dissolved to water, became dry when laid in cells of combs covered by the bees. The atmosphere near the cluster of bees is, therefore, considerable drier than that without. There is indeed a considerable evaporation within the hive, but the water remains in the form of vapor in the vicinity of the cluster, while in other parts it condenses, as we see in winter in the drops and icicles which are found at a distance from the cluster.

Twenty-four Young Egyptians.—We are informed by a German paper, had come to the University of Munich to study medicine. They were, of course, indulged in their peculiar habits; but finally their conduct became so extravagant and disreputable that the government found it necessary to interfere, and they were transported from station to station, under the supervision of the police to Trieste, there placed on a steamer, and sent home.

Maternal Impressions on the Fetus.—A correspondent of the *Dental Cosmos* gives an account of a young lady in whom the front upper incisors of both the first set and the permanent teeth have been absent. Before the birth of this person, and during the mother's gestation, the latter saw the child of a relative which had received an injury that knocked out some of its incisors.

A Thousand Animals Burned Alive.—An extraordinary instance of the destruction of animals, by burning, occurred recently at the loss of the steamer Pacific, on the Ohio river. One thousand head of live-stock, including horses, mules, oxen, and sheep, perished in the flames.

Rail-Car Ventilation.—In the City Inspector's Report, New York, for 1859, we find the following:

"The want of proper ventilation in the rail-cars of the city has become a subject of importance to the traveling community. Under the most favorable circumstances, the travel in the cars of this city is attended with no inconsiderable hazard to those whose business compels their use. It is of frequent occurrence, with at least one of the up-town trains, to stop and take in invalids when they present themselves, who may be on their way to some public hospital, without regard to the health of other passengers. Frequently from thirty to forty persons are crowded together in these cars, the doors closed, and with no possible escape for the foul air that is immediately generated. All complaints upon this subject are unavailing; to the managers gain is everything; the public health and convenience nothing. Many of our citizens prefer cold and exposure, from a stand outside of the car, to the hazard of contagion from a seat within."

Similar remarks can be made about the cars in this city.

Books and Pamphlets Received.—Sixth Registration Report: South Carolina. 1859. By ROB. W. GIBBES, Jr., M. D., Registrar.

Introductory Discourse on Speculative Medicine, delivered in the Medical Department of Pennsylvania College Oct. 8th, 1860. By HENRY HARTSHORNE, M. D., Professor of Theory and Practice of Medicine.

An Introductory Lecture delivered in the University of Maryland. By EDWARD WARREN, M. D., Professor of Therapeutics and Materia Medica. Baltimore. 1860.

A Colloquy on the Duties and Elements of a Physician. By THOMAS S. POWELL, Professor of Obstetrics in the Atlanta Medical College, written at the request of his private class.

Transactions of the State Medical Society of Indiana, at its eleventh annual session, held in the city of Indianapolis, May 17th and 18th, 1860. Richmond, Ind.

Dr. H. L. BYRD, of the Oglethorpe Medical and Surgical Journal, published at Savannah, proposes to collect the names of all the diplomated physicians in Georgia. He is issuing blanks to physicians in all parts of the State. His plan embraces name, place, and date of birth, with the names of the institutions from which they graduated, and the date of graduation.

Burning of an Insane Asylum.—The Western Insane Asylum, at Hopkinsville, the largest and most costly building in Kentucky, was burned on Friday morning. The inmates, except one, were saved. Loss on the building, \$200,000.

The Microscope vs. Corn Doctors.—Dr. G. L. COLLINS, of Providence, R. I., makes the following exposé of the "corn-doctor" humbug:

It is well known that certain persons, under the name of "Corn Doctors," go about the country removing corns, "roots," and all for a consideration, which is greater or less in proportion to the number of roots which each corn may chance to have. We hear of some as having three roots, some four, and some five or six. Now, the removal of one of these five-roots, at five dollars a root, which, we believe, is the fashionable price, makes a nice little bill, as some of our good citizens can testify; and we doubt not but some of them would be willing to turn "Corn Doctors" themselves, if they knew how easy the process is, and could be sure of the five dollars a "root."

We know there is a little inexpensive operation which, when skilfully performed upon an offending toe, gives great relief for time. This consists in removing, with a little instrument, the thickened and hardened scarf-skin, which lies upon the sensitive and aching papillæ beneath. This done, the corn is easy until the scarf-skin accumulates again, when it may again be relieved by the same process. To the operators, who profess to do no more than this, there can be no objection; but there is another class who warrant a permanent cure by the radical grubbing process—will pull out every root, be there ever so many, and give them back to you done up in a little bit of paper, which you can put in your pocket in place of the little papers that you transfer to his.

We chanced, a short time since, to meet with a few specimens of these corn "roots" in the hands of a friend, which had been extracted by an expert operator while on a visit at a fashionable watering place during the last season. The toe of our friend was easy, and the little offending "roots" were carefully kept and exhibited as a curiosity, which they certainly were. There were twelve of them, taken from two or three corns. They were astonishingly alike, hard and glistening, about an eighth of an inch long, round, and about as large as the wire from which ordinary pins are made, with smooth and diagonally cut ends, the surfaces of which were parallel to each other, giving them almost the regularity of crystals.

We begged one, as a favor, for our microscope. We hoped to make a new discovery in science, which we intended to communicate to the next number of the *Chiropodists' Journal*.

We commenced our examination. The "root" is first placed whole under our one-inch objective. It looks queerly. What is it? round, a little twisted, cut extremities—how wonderful! A little piece is now cut off, and an alkaline solution applied. Another look through the glass. It is found to be no crystal, but really an animal tissue. The whole is now put in water. In a few moments it is soft and flexible.

It is easily cleft in one direction, but very strong and tough in the other. A little shred is taken off and put under another glass, which magnifies it forty thousand times. Another look is taken. It is all plain now. All stands revealed under the scrutinizing glance of the wonderful tube. And what is it? the root of a corn? Oh! no; nothing like it. It is a peculiar form of fibrous tissue; simply a little piece of the very useful article sold in the shops under the not very euphonious name of "catgut," and no more like the minute structure to be found in corns than bone is like muscle. For a penny, you can buy enough material—requiring only the cutting off into proper lengths—to bring you a thousand dollars at five dollars a "root," provided, when you pull the "roots" you are also able to pull the wool over the eyes of the confiding patient.

Philadelphia County Medical Society.—The December Conversational Meeting will be held at the usual place and hour, on Wednesday evening next, the 12th instant. The Differential Diagnosis of Ovarian Tumors is the subject selected for discussion, and will be introduced by Dr. Washington L. Atlee, who has had an extensive experience in ovarian disease. The several papers which Dr. Atlee read before the society last winter, on the same subject, were well received, and its continuation at this meeting will insure a large attendance.

Army and Navy.—Surgeon JAMES C. PALMER and Passed Assistant-Surgeon JAMES F. HARRISON have been ordered to the Naval Academy.

Drs. WM. GRIER, Surgeon and Assistant-Surgeon IGLEHART, both detached from the Naval Academy, have been ordered to the U. S. sloop Macedonian, fitting out at Portsmouth, N. H.

MARRIAGES.

SWAYZE—SIMINGTON.—On Thursday evening, November 8th, at the residence of the bride's father, by Rev. C. Park, George B. H. Swayze, M. D., to Miss Maggie A. Simington, daughter of Gen. Robt. Simington, all of Moresburg, Montour county, Pa.

MOON—JACKSON.—On the 29th ult., by Rev. M. Winston, Wm. P. Moon, M. D., to Susie H. Jackson, youngest daughter of Wm. B. Jackson, all of this city.

DEATHS.

WATSON.—On the 28th of November, Mrs. Charlotte S., wife of Dr. W. H. Watson, of Bedford, Pa., in the 46th year of her age.

WALL.—In Calhoun, Gordon county, Georgia, November 7th, W. W. Wall, M. D.

MEIGS.—On December 4th, of scarlet fever, Mary Hope, daughter of Dr. J. Forsyth Meigs, aged 3 years and 11 months.

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COMMUNICATIONS RECEIVED.

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COMMUNICATIONS RECEIVED.

BOWER.—On Tuesday noon, November 27th, of apoplexy, Dr. Wm. Bower, aged 48 years.
 Dr. Bower was born in Myerstown, Lebanon county, Pa., on the 6th day of November, 1817. He was a son of Dr. Henry Bower. He commenced the practice of medicine soon after the death of his father, and practiced up to the time of his death. In the fall of 1857 he had a paralytic attack, which disabled him to some extent. The death of Dr. Bower deserves more than a passing notice. Cut down in the dawn of manhood, the blow falls heavily upon the grief-stricken family, whose sad consolation it was to witness his sudden death. The knell was yet to ring to the hearts of two of his sons away at college. God tempers the blows to the sorrowing hearts. In a sudden and unexpected bereavement like this, the heart is too sensibly impressed with its own sorrow to realize the extent of the loss sustained. The affliction is too great a calamity to ourselves—strikes too deeply to allow us to dwell with becoming calmness upon the merits of the deceased; justice, however, to his memory, imposes the task upon us. Living, we loved him—dead, we feel that affection was worthily bestowed. In him resided the kindly and honorable affections of a manly soul. Genial, warm-hearted, open, frank, and sympathising, with feelings always ready to respond to the promptings of a generous nature, his warm social feelings endeared him to his friends, and the excellent qualities of his understanding made him respected by all who knew him. As a physician, he had very few equals; always kind to the poor. In industry he never flagged. He had a rigid regard for truth, and an integrity that was above any impeachment. In his business, honest, upright—governed by a strict sense of honor and justice. Though dead, his friends will long cherish his memory, for they knew and appreciated the character and qualities of his mind and heart. B. B.

Myerstown, Nov. 28, 1860.

Answers to Correspondents.

D. M.—Apply to the Deans of the College, and present your credentials. The expense would probably not exceed that of the matriculation and graduation fees.

F. G.—The most certain way of having an apparatus made to accurately is to make a plaster or wax cast of the deformity, and send it to the instrument maker by express.

When deformities are very complicated, the instrument makers frequently take casts to work by, even when the patient is remaining in the city.

Accurate measurements, accompanied with a correct drawing, & a photograph, would perhaps be sufficient.

D. R.—There are several special courses on obstetrics, and facilities for midwifery practice are abundant. Each student is supplied with a number of cases if he desires them.

J. J. S.—The fault of your iron wire is that it is too thick, and not properly annealed. It may be made finer by the use of a simple instrument called by mechanics a "wire drawer." To anneal it properly, it is only requisite to heat it to redness and allow it to cool gradually. The slow cooling is best accomplished by allowing the fire to go out while the wire still remains in it.

Alabama—Dr. E. H. Sholl. **Delaware**—Drs. Lump and Jones, (with encl.) **Florida**—Dr. T. S. Means, (with encl.) **Indiana**—Dr. John Lewis, (with encl.) Dr. G. W. Robbins, (with encl.) **Illinois**—S. B. Dugger, Esq. **Massachusetts**—Dr. W. T. Brackett. **New York**—Dr. MacNicholl, (6) Dr. C. C. Gay, (with encl.) Dr. J. Firmenich, (with encl.) Dr. S. D. Willard, (2) Dr. C. B. Hutchins, (with encl.) Dr. E. Gero, (with encl.) Dr. S. F. Mixer, (with encl.) Dr. S. Dallenbaugh, (with encl.) Dr. J. S. Crowley, Dr. E. Stork, (with encl.) **Pennsylvania**—Mr. W. H. Wenrich, Dr. G. W. James, (with encl.) Mr. John Hulme, Dr. D. D. Walton, (with encl.) Dr. W. H. Seip, (with encl.) Dr. P. W. Bush, (with encl.) Dr. B. H. Throop, (with encl.) Dr. W. Green, (with encl.) Dr. F. Bodeman, (with encl.) Dr. T. Stewart, (with encl.) Dr. C. Marr, (with encl.) Dr. S. M. Wheeler, (with encl.) Dr. W. E. Allen, (with encl.) Dr. E. B. Evans, (with encl.) Dr. J. W. Gibbs, (with encl.) Dr. John Curwen, (with encl.) Dr. G. B. Swazey, Dr. R. B. Mowry, (with encl.) Dr. C. Hermansader, Dr. G. S. Kemble, (with encl.)

Office Payments—Dr. M. Emanuel, (Pa.) Dr. E. H. Pents, (Pa.) Dr. H. K. Nutze, Dr. J. Hilligass, (Pa.) By Mr. Swaine: Dr. C. B. Ruffell.

DR. GIBBS' SECOND CIRCULAR.

We would tender our thanks to the editors of those journals who have favorably noticed our enterprise, to which reference was made in a former circular, and also to those physicians who have promptly responded by sending us their names. That the honor and dignity of American medicine demands such a work, as we propose, will be conceded by all. *Braithwait and Ranking* are valuable works; but they are in no manner exponents of American medical literature. More than that, the above mentioned works deal with *journals only*, while the *Year Book* proposes to give a *synopsis*, not only of *journals*, but *books*, *society*, *transactions*, &c. *Ranking* and *Braithwait* are both well sustained, both in the original and in the reprints. Shall the *Year Book* fail of issue for want of encouragement? For the honor of American medicine and American physicians, we hope not.

What we wish, at present, to say, is that no publisher is willing to take the risk of the first year's issue, and we have determined not to publish with a subscription list less than 500. Our list numbers now *less than a hundred*. We are, however, glad to say the first names in the profession are there.

The venerable Valentine Mott says, "I have read with great interest and profit your *Monthly Summary* in the *American Medical Monthly*. Your enterprise has my cordial support, and you will please add my name to your list of subscribers to the *YEAR BOOK*."

If journals will still continue their kind words of encouragement, and subscribers will still continue to send in their names, the work may yet go to press early in the coming year.

It will be remembered that our terms are \$3 a year, payment to be made on publication.

Books, society transactions, journals, and subscribers names, to be directed to

O. C. GIBBS, M. D.,
Frederick, Chautauqua Co., N. Y.

MORTALITY OF CITIES DURING THE WEEK ENDING NOVEMBER 24, 1860.

NUMBER, SEX, NATIVITY, AND AGES.		CAUSES OF DEATH.	ST. LOUIS.	
			PHILADELPHIA.	BOSTON.
Whole number of deaths	205	309	121	69
Males	117	197	63	31
Females	88	172	50	38
Sex not stated.....	197	362	103	8
White	8	7	16	7
Black and colored	148	242	62	42
United States	46	126	38	27
Foreign countries	11	1	21	1
Nativity unknown				
<i>To foreign.</i>				
American				
Foreign				
<i>Causes or Death.</i>				
<i>Epidemic Diseases.</i>				
<i>Cholera Infantum.</i>	8	6	1	1
<i>Cholera Morbus.</i>	1	2	6	1
<i>Diphtheria.</i>	2	0	1	1
<i>Dysentery.</i>	4	4	1	1
<i>Kyphosis.</i>	1	4	2	2
<i>Fever, remittent.</i>	1	3	1	1
<i>Fever, intermit.</i>	"	4	1	1
<i>Pernicious.</i>	7	3	1	1
" <i>Croupoid.</i>	7	7	3	2
" <i>Croupus.</i>	23	29	6	7
" <i>Scarlet.</i>				
" <i>Yellow.</i>				
<i>Hooping Cough.</i>	1	4	1	1
<i>Measles.</i>	6	6	1	1
<i>Small-pox.</i>	4	1	1	1
<i>Sore Throat, purd.</i>				
<i>Respiratory Organs.</i>				
<i>Bronchitis.</i>	3	7	2	1
<i>Congestion of Lungs.</i>	1	8	1	1
<i>Consumption.</i>	30	58	20	16
<i>Inflammation of Lungs.</i>	37	44	24	2
<i>Hemorrhage from Lungs.</i>	1	1	1	1
<i>External Diseases.</i>				
<i>Accident.</i>				
<i>Boiling.</i>				
<i>Bulldog.</i>				
<i>All others.</i>				
<i>Total.</i>	310	412	161	111